



1135 Westridge Parkway, Salinas, CA 93907 T: (831) 424-9003 F: (831) 424-9005 [www.oasischarterschool.org](http://www.oasischarterschool.org)

**UNIFORM COMPLAINT PROCEDURE FORM**

Last Name: \_\_\_\_\_ First Name/MI: \_\_\_\_\_

Student Name (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School/Office of Alleged Violation: \_\_\_\_\_

**For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult Education            | <input type="checkbox"/> Consolidated Categorical Programs | <input type="checkbox"/> Nutrition Services            |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Migrant and Indian Education      | <input type="checkbox"/> Special Education             |
| <input type="checkbox"/> Child Development Programs | <input type="checkbox"/> Pupil Fees                        | <input type="checkbox"/> Local Control Funding Formula |

**For allegation(s) of unlawful discrimination/harassment, please check the basis of the unlawful discrimination/harassment described in your complaint, if applicable:**

Age	Gender / Gender Expression / Gender Identity	Sex (Actual or Perceived)
Ancestry	National Origin	Sexual Orientation (Actual or Perceived)
Color	Race	Based on association with a person or group with one or more of these actual or perceived characteristics
Disability (Mental or Physical)	Religion	
Ethnic Group Identification		

- Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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2. Have you discussed your complaint or brought your complaint to any Charter School personnel? If you have, to whom did you take the complaint, and what was the result?

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3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail complaint and any relevant documents to:

Attn: Administration  
1135 Westridge Parkway  
Salinas, CA 93907  
(831) 424-9003