



**OLIVE GROVE CHARTER SCHOOLS, INC.
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"/> Student Fees | <input type="checkbox"/> School's Safety Plan | <input type="checkbox"/> Migrant Education |
| <input type="checkbox"/> Lactating Students | <input type="checkbox"/> Annual Update to Goals and Annual Actions or Outcomes for Pupil Subgroups | <input type="checkbox"/> Child Care and Development Programs |
| <input type="checkbox"/> Pregnant and Parenting Students | <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> Physical Education: Instructional Minutes |
| <input type="checkbox"/> LGBTQ Resources | <input type="checkbox"/> Instructional Materials | <input type="checkbox"/> Pupil Instruction: Course Periods without Educational Content or Previously Completed Courses |
| <input type="checkbox"/> Foster Care Pupil Records Transfers or Foster Care Pupil Education | <input type="checkbox"/> Improving Academic Achievement | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Education of Homeless Students, Students in Foster Care, Former Juvenile Court School Students, Students who are Children of a Military Family, or Migratory Students | <input type="checkbox"/> Compensatory Education | <input type="checkbox"/> School Plans for Student Achievement |
| | <input type="checkbox"/> English Learner Programs | |
| | <input type="checkbox"/> Career Technical and Technical Education and Career Technical and Technical Training Programs | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Color | <input type="checkbox"/> Nationality | |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race or Ethnicity | |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Sex | |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation | |

1. 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.

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

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:

Meg Rydman, Executive Director
5075 S. Bradley Rd., Suite 119
Santa Maria, CA 93455
(805) 623-1111