



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:

- Career Technical and Technical Education and Training
- Local Control Funding Formula/ Local Control and Accountability Plan
- School Plans for School Achievement
- Consolidated Categorical Aid Programs
- Pregnant, Parenting, or Lactating Students
- School Safety Plan
- Every Student Succeeds Act
- Pupil Fees
- Education or graduation of Students in Foster Care, Students who are Unhoused, former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of Military Families

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:

- Age
- Gender
- Medical condition
- Sexual Orientation
- Ancestry
- Gender/ Gender Expression/Gender Identity
- Nationality
- Association with a person or group with one or more of these actual or perceived characteristics
- Color
- Genetic Information
- Race or Ethnicity
- Disability
- Immigration Status/citizenship
- Religion
- Ethnic group identification
- Marital status
- Sex



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, Superintendent
5075 S. Bradley Rd., Suite 119
Santa Maria, CA 93455
(805) 623-1111