

## Lashon Academy

# Uniform Complaint Procedures Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

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

For allegations 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 Aid               | <input type="checkbox"/> Child Care & Development   |
| <input type="checkbox"/> Child Nutrition   | <input type="checkbox"/> Regional Occupational Centers and Programs |   |
| <input type="checkbox"/> Special Education   | <input type="checkbox"/> Pupil Fees for Educational Activities      | <input type="checkbox"/> Foster/Homeless            |
| <input type="checkbox"/> After School Education/Safety   | <input type="checkbox"/> Agricultural Vocational Education          | <input type="checkbox"/> NCLB                       |
| <input type="checkbox"/> Tobacco-Use Education   | <input type="checkbox"/> Local Control Accountability Plan          | <input type="checkbox"/> Physical Education Minutes |
| <input type="checkbox"/> Bilingual Education   | <input type="checkbox"/> Every Student Succeeds Act                 | <input type="checkbox"/> Economic Impact Aid        |
| <input type="checkbox"/> Migrant Education   | <input type="checkbox"/> School Safety Plans                        | <input type="checkbox"/> State Preschool            |
| <input type="checkbox"/> California Peer Assistance and Review Programs for Teachers   |   |   |
| <input type="checkbox"/> Career/Technical Education, Career Technical and Technical Education, and Career Technical and Technical Training |   |   |
| <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education                      |   |   |
| <input type="checkbox"/> American Indian Education Centers & Early Childhood Education Program Assessments                                 |   |   |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender            |
| <input type="checkbox"/> Gender Identity  | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry          |
| <input type="checkbox"/> Ethnic Group Identification  | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion          |
| <input type="checkbox"/> Nationality  | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Age               |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student |
| <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above |  |  |

***For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact the School Principal at 818-514-4566***

1. Please give the facts about your 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 attempted to discuss your complaint with any Lashon Academy personnel? If so, with whom 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, fax or email your complaint/documents to:

**Sara Garcia – School Principal**  
**Lashon Academy**  
**7477 Kester Ave,**  
**Van Nuys, CA 91405**  
**Fax: (818)337-0102**  
**info@lashonacademy.org**

For more information, please contact Sara Garcia, School principal, at (818)514-4566.