

Uniform Complaint Procedures Form

Last Name _____ First Name _____

Student Name (if applicable) _____ Grade of Birth _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Date of Alleged Violation _____ Program/Office of Alleged Violation _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable.

Accommodations for Pregnant and Parenting Pupils Adult Education After School Education and Safety
Agricultural Career Technical Education Child Care and Development Programs Compensatory Education
Consolidated Categorical Aid Programs Course Periods without Educational Content
Every Student Succeeds Act (ESSA)21

Councils State Preschool State Preschool
Exempt from Licensing
Career Technical and Technical Training Programs
Foster care, pupils who are homeless, pupils from military
in a school district, pupils who are migratory, and pupils

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:

- Sex
- Sexual Orientation
- Gender
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For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator of Operations at the SCCOE.

If you have contacted your school and the SCCOE administrative office and still require assistance, referrals