



West Contra Costa Unified School District

Uniform Complaint Form

Date:

Last Name:

First Name:

Street Address/Apt. #

City:

Zip:

Home Phone: ()

Message/Work Phone: ()

School/Office of Alleged Violation:

Please check the category(ies) referred to in your complaint:

_____ Adult Education

_____ Consolidated Categorical Aid
Programs

_____ Pre-school

_____ Student Fees

_____ Child Nutrition Programs

_____ Physical Educational
Instructional Minutes

_____ Special Education

_____ Migrant Education

_____ Implementation of Local Control
Funding Formula and Accountability
Plan

_____ Foster and Homeless Youth

_____ Career and Technical Education

_____ Regional Occupation Centers
and Programs

Unlawful Discrimination (based on actual or perceived race, ancestry, national origin, immigration status, ethnic group identification, religion, age, gender, gender identity, gender expression, color, sex, sexual orientation, physical or mental disability, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics)

Office Use Only

Date Received:

By:

_____ Informal Complaint

_____ Date of Informal Resolution

_____ Formal Complaint

_____ Date of Formal Resolution

_____ Not Resolved

Explanation of complaint: (please print or type. Give detailed information such as date, times, places, types of complaints, witness names. Use additional sheets of paper if necessary).