



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:

- | | |
|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Consolidated Categorical Aid Programs |
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Student Fees |
| <input type="checkbox"/> Child Nutrition Programs | <input type="checkbox"/> Physical Educational Instructional Minutes |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Implementation of Local Control Funding Formula and Accountability Plan |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Regional Occupation Centers and Programs |
| <input type="checkbox"/> Foster and Homeless Youth | |
| <input type="checkbox"/> Career and Technical Education | |
- Unlawful Discrimination (based on actual or perceived race, ancestry, national origin, 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: _____

-
- | | |
|---|--|
| <input type="checkbox"/> Informal Complaint | <input type="checkbox"/> Date of Informal Resolution |
| <input type="checkbox"/> Formal Complaint | <input type="checkbox"/> Date of Formal Resolution |
| <input type="checkbox"/> 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).