2001.3 Uniform Complaint Procedure (UCP) Form

JCS-Inc. Form

Last Name: _____ First Name: _____

Student Name (if applicable): _____ Grade: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alt. Phone: _____

School/Office of Alleged Violation: _____

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- ☐ Adult Education
- ☐ American Indian Education
- ☐ Child Development Programs
- ☐ Migrant Education
- ☐ Special Education
- ☐ Pupil Fees
- ☐ Bilingual Education
- ☐ After School Education and Safety
- ☐ Consolidated Categorical Aid
- ☐ Child Nutrition
- ☐ No Child Left Behind Programs
- ☐ Every Student Succeeds Act Prog.
- ☐ State Preschool
- ☐ Local Control Funding Formula
- ☐ Agricultural Vocational Education
- ☐ Career/Technical Education
- ☐ Foster/Homeless Youth
- ☐ Regional Occupational Programs
- ☐ Tobacco-Use Prevention Education
- ☐ Lactating Pupils
- ☐ Economic Impact Aid

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
- ☐ Ancestry
- ☐ Color
- ☐ Ethnic Group
- ☐ Identification
- ☐ Medical Condition
- ☐ Gender / Gender Expressio / Gender Identity
- ☐ Genetic Information
- ☐ National Origin
- ☐ Race or Ethnicity
- ☐ Religion
- ☐ Sex (Actual or Perceived)
- ☐ Sexual Orientation (Actual or Perceived)
- ☐ Based on association with a person or group with one or more of these actual or perceived characteristics
- ☐ Marital Status

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 JCS 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:

Claire Roush
Director of Operations
P.O. Box 2470
Julian, CA 92036
619-832-1220
croush@jcs-inc.org