



JCS-Inc. Form

Uniform Complaint Procedure (UCP) Form

Last Name: _____ First Name/MI: _____

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

Street Address/Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School/Office of Alleged Violation: _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> After School Education and Safety | <input type="checkbox"/> Agricultural Vocational Education |
| <input type="checkbox"/> American Indian Education | <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> Career/Technical Education |
| <input type="checkbox"/> Child Development Programs | <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Foster/Homeless Youth |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> No Child Left Behind Programs | <input type="checkbox"/> Regional Occupational Programs |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Every Student Succeeds Act Prog. | <input type="checkbox"/> Tobacco-Use Prevention Education |
| <input type="checkbox"/> Pupil Fees | <input type="checkbox"/> State Preschool | <input type="checkbox"/> Lactating Pupils |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Local Control Funding Formula | <input type="checkbox"/> 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 | <input type="checkbox"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Sex (Actual or Perceived) |
| Ancestry | | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) |
| Color | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| Ethnic Group | <input type="checkbox"/> National Origin | |
| Identification | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Marital Status |
| Medical Condition | <input type="checkbox"/> Religion | |

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:

Jennifer Cauzza
Executive Director
P.O. Box 2470
Julian, CA 92036
760-765-5500 X101005
jcauzza@jcs-inc.org