



# Uniform Complaint Procedure (UCP) Form

JCS-Inc. 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"/> Genetic Information                          | <input type="checkbox"/> Sexual Orientation (Actual or Perceived)  |
| Color          | <input type="checkbox"/> National Origin                              | <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"/> Race or Ethnicity                            |  |
| Identification | <input type="checkbox"/> Religion                                     | <input type="checkbox"/> 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.

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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?

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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](mailto:jcauzza@jcs-inc.org)