



# 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

School

Student Fees

Child Nutrition Programs

Physical Educational Instructional Minute V

Special Education

Migrant Education

Implementation of Local Control Funding Formula and Accountability Plan

Foster and Homeless Youth

Career and Technical Education

Regional Occupation Center U V  
D Q G 3 U R J U D P V

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:**