

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

Pre-school

Student Fees

Child Nutrition Programs

Physical Educational
Instructional Minutes

Special Education

Migrant Education

Implementation of Local Control
Funding Formula and Accountability
Plan

Foster and Homeless Youth

Career and Technical Education

Regional Occupation Centers
and Programs

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)

Explanation of complaint: