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

Pre-school

Child Nutrition Programs

___Special Education

_Migrant Education

Foster and Homeless Youth

Career and Technical Education

Consolidated Categorical Aid Programs

_ Student Fees

_____Physical Educational Instructional Minutes

_____Implementation of Local Control Funding Formula and Accountability Plan

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)

Office Use Only

Date Received: By:

_____Informal Complaint

_____Formal Complaint

_____Not Resolved

_____Date of Informal Resolution

_____Date of Formal Resolution

Explanation of complaint: