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**,** ethnic group identification, religion, age, gender, gender identity, gender expression, color, sex, association with a person or group with one or more of these actual or perceived characteristics)

Office Use Only

Date Received:_____ By:_____

Explanation of complaint: (please print or type. Give detailed information such as date, times, places, types of complaints, witness names. Use additional sheets of paper if necessary).