

**New Designs Charter Schools
Uniform Complaint Procedures Form (English)**

(Attachment A)

Last Name: _____ First Name: _____

Student Name (if applicable): _____ Grade: _____ Date of Birth: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Alleged Violation: _____ School/Office of Alleged Violation: _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable.

<input type="checkbox"/>	Consolidated Categorical Aid	<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	Migrant Education
<input type="checkbox"/>	After School Education & Safety	<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Child Nutrition
<input type="checkbox"/>	Pupil Fees for Educational Activities	<input type="checkbox"/>	Career/Technical Education	<input type="checkbox"/>	Compensatory Education
<input type="checkbox"/>	Local Control Accountability Plan	<input type="checkbox"/>	School Safety Plans	<input type="checkbox"/>	English Learner Programs
<input type="checkbox"/>	Physical Education Instructional Minutes	<input type="checkbox"/>		<input type="checkbox"/>	

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check the protected classes (actual or perceived), upon which the alleged conduct was based, listed below:

<input type="checkbox"/>	Actual or Perceived Sex	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Gender
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Gender Expression	<input type="checkbox"/>	Ancestry
<input type="checkbox"/>	Ethnic Group Identification	<input type="checkbox"/>	Race or Ethnicity	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Nationality	<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Age
<input type="checkbox"/>	Color	<input type="checkbox"/>	Mental or Physical Disability	<input type="checkbox"/>	
<input type="checkbox"/>	Association with a person or group or more of the actual or perceived categories listed above.				

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 or fax your complaint/documents to:

Mr. Edward Frimpong
Director of Human Resources
New Designs Charter Schools
Los Angeles, CA 90007
Fax: (213) 765-0139