**Appendix H. Uniform Complaint Procedures Form**

Da Vinci Schools has the primary responsibility to ensure compliance with applicable state and federal laws and regulations. Da Vinci Schools shall investigate and seek to resolve complaints in accordance with the Uniform Complaint Procedures (UCP). Please complete this form, providing as much information as possible and attaching any applicable supporting documentation, to assist in the investigation of the complaint.

**Information**

<table>
<thead>
<tr>
<th>LAST NAME OF THE COMPLAINANT</th>
<th>FIRST NAME OF THE COMPLAINANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)</td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td>TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

**COMPLAINANT WILL NEED THE ASSISTANCE OF AN INTERPRETER**

- [ ] No  [ ] Yes (specify the language to be spoken by the interpreter)

**COMPLAINANT IS A:**

- [ ] Student  [ ] Parent/Guardian  [ ] Employee  [ ] Public Agency  [ ] Organization

**THIS COMPLAINT IS BEING FILED ON BEHALF OF:**

- [ ] Myself  [ ] A student (not the complainant named above)  [ ] Other (specify)

<table>
<thead>
<tr>
<th>DATE OF ALLEGED VIOLATION</th>
<th>SCHOOL/OFFICE OF ALLEGED VIOLATION</th>
</tr>
</thead>
</table>

**Basis of Complaint**

*For allegations related to any of the following programs and activities subject to the UCP:*

- [ ] Course Periods without Educational Content (Grades 9-12)
- [ ] Discrimination, Harassment, Intimidation, and/or Bullying
- [ ] Education for Foster Youth, Homeless Youth, Former Juvenile Court School Students, or Military Dependents
- [ ] Every Student Succeeds Act/No Child Left Behind
- [ ] Local Control Accountability Plan
- [ ] Reasonable Accommodations to a Lactating Student
  - [ ] Career Technical Education
  - [ ] Child Nutrition
  - [ ] Consolidated Categorical Aid
  - [ ] Pupil Fees
  - [ ] School Safety Plan
  - [ ] Sexual Harassment
  - [ ] Special Education

*For complaints alleging discrimination, harassment, intimidation, and/or bullying, indicate the actual or perceived protected characteristics upon which the alleged conduct is based:*

- [ ] Race or ethnicity
- [ ] Color
- [ ] Ancestry
- [ ] Nationality
- [ ] National origin
- [ ] Immigration status
- [ ] Ethnic group identification
- [ ] Religion
- [ ] Age
- [ ] Marital status
- [ ] Pregnancy
- [ ] Parental status
- [ ] Physical or mental disability
- [ ] Other (specify)

**FOR OFFICE USE ONLY**

Date received____________________ Received by_________________________ Title_________________________

Investigator________________________ Outcome_________________________

Final written decision sent to complainant on____________________ Appeal filed with CDE?  [ ] Yes  [ ] No
Details of the Complaint

Please answer the following questions to the best of your ability. If you mention names, please also identify who they are (i.e. student, staff, parent, etc.). Attach additional pages, if necessary.

Provide the facts about your complaint: ____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List the people involved or impacted: ____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List any witnesses or individuals who may have knowledge of the alleged acts: _________________________
________________________________________________________________________________________
________________________________________________________________________________________

Provide and/or describe the specific location(s) where the incident(s) occurred: _______________________
________________________________________________________________________________________
________________________________________________________________________________________

List all the date(s) and time(s) when the incident(s) occurred or when the alleged acts first came to your attention: ______________________________________________________________
________________________________________________________________________________________

Describe any steps you have taken to resolve this issue before filing the complaint. If applicable, list names and titles of school and/or district staff you have contacted: ____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Do you have any written documents/evidence that you can provide that may be relevant/supportive of your complaint?
☐ No ☐ Yes, copies of the documents/evidence are attached to this complaint

Signature of Complainant ______________________________ Date ______________________________

Da Vinci Schools shall take steps to protect complainants from retaliation. Please file this complaint form and any additional documents in person, by mail or via email with Da Vinci Schools’ Compliance Officer:

Dr. Matthew Wunder, Chief Executive Officer
201 N. Douglas Street • El Segundo, CA 90245
Email: mwunder@davincischools.org • Phone: (310)725-5800