

## 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

LAST NAME OF THE COMPLAINANT		FIRST NAME OF THE COMPLAINANT	
ADDRESS (NUMBER, STREET, APARTMENT NUMBER, CITY, STATE AND ZIP CODE)			
EMAIL ADDRESS		TELEPHONE NUMBER	
COMPLAINANT WILL NEED THE ASSISTANCE OF AN INTERPRETER <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>specify the language to be spoken by the interpreter</i> )			
COMPLAINANT IS A: <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Employee <input type="checkbox"/> Public Agency <input type="checkbox"/> Organization			
THIS COMPLAINT IS BEING FILED ON BEHALF OF: <input type="checkbox"/> Myself <input type="checkbox"/> A student (not the complainant named above) <input type="checkbox"/> Other ( <i>specify</i> )			
DATE OF ALLEGED VIOLATION		SCHOOL/OFFICE OF ALLEGED VIOLATION	

### Basis of Complaint

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

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Race or ethnicity           | <input type="checkbox"/> Religion                      | <input type="checkbox"/> Sex                 |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> Age                           | <input type="checkbox"/> Sexual orientation  |
| <input type="checkbox"/> Ancestry                    | <input type="checkbox"/> Marital status                | <input type="checkbox"/> Gender              |
| <input type="checkbox"/> Nationality                 | <input type="checkbox"/> Pregnancy                     | <input type="checkbox"/> Gender identity     |
| <input type="checkbox"/> National origin             | <input type="checkbox"/> Parental status               | <input type="checkbox"/> Gender expression   |
| <input type="checkbox"/> Immigration status          | <input type="checkbox"/> Physical or mental disability | <input type="checkbox"/> Genetic information |
| <input type="checkbox"/> Ethnic group identification | <input type="checkbox"/> Other _____                   |  |

### 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