



ALBERT EINSTEIN ACADEMIES

Uniform Complaint Procedure Form

Last Name: _____ First Name/MI: _____
 Student Name (if applicable): _____ Grade: _____ Date of Birth: _____
 Street Address/Apt. #: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 School/Office of Alleged Violation: _____

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Education of Students in Foster Care, Students who are Homeless, former Juvenile Court Students now enrolled in a Public School, Migratory Children and Children of Military Families | <input type="checkbox"/> Regional Occupational Centers and Programs |
| <input type="checkbox"/> Career Technical and Technical Education/Career Technical and Technical Training | <input type="checkbox"/> Every Student Succeeds Act | <input type="checkbox"/> School Plans for School Achievement |
| <input type="checkbox"/> Child Care and Development | <input type="checkbox"/> Local Control Funding Formula/ Local Control and Accountability Plan | <input type="checkbox"/> School Safety Plan |
| <input type="checkbox"/> Consolidated Categorical Aid Programs | <input type="checkbox"/> Migrant Education Programs | <input type="checkbox"/> Pupil Fees |
| | | <input type="checkbox"/> Pregnant, Parenting or Lactating Students |

For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying, described in your complaint, if applicable:

- | | | |
|--|--------------------------------|---|
| Age | Genetic Information | Sex (Actual or Perceived) |
| Ancestry | Immigration Status/Citizenship | Sexual Orientation (Actual or Perceived) |
| Color | Marital Status | Based on association with a person or group with one or more of these actual or perceived characteristics |
| Disability (Mental or Physical) | Medical Condition | |
| Ethnic Group Identification | Nationality / National Origin | |
| Gender / Gender Expression / Gender Identity | Race or Ethnicity | |
| | Religion | |



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- ☐ Yes ☐ No

Signature: _____ Date: _____