



W.E.B. DuBois Public Charter School
Home of the Stallions

UNIFORM COMPLAINT FORM

Please complete all information. If you need help filling out the form, please call 559-486-1166.

Date Name of Complainant

Address City Zip Code Phone Number

Phone (Day) Phone (Evening) Phone (Cell)

Name of Parent if Not Complainant

- A. I am filing a complaint alleging unlawful discrimination based on ethnic group identification, religion, age, color, or physical/mental disability, sex, sexual orientation, race ancestry, national origin in any program or activity that receives or benefits from state financial assistance.

- B. I am filing a complaint alleging the district's failure to comply with the prohibition against requiring students to pay fees, deposits, or other charges for participation in educational activities.

Name of Activity: _____ Amount of fee, deposit, or charge \$: _____
 Name of person receiving fee: _____

- C. I am filling a complaint alleging failure to comply with a violation of federal or state laws in any of the following: After School Education and Safety, Career Technical and Technical Education and Career Technical and Technical Training, Career Technical Education, Child Nutrition, Consolidated Categorical Aid, Education of Pupils in Foster Care and Pupils who are Homeless, Every Student Succeeds Act/No Child Left Behind, Local Control Accountability Plans, Reasonable Accommodations to a Lactating Pupil, School Safety Plans, and Special Education.

Name of program: _____

Alleged Law/Regulation Violated: _____

Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please describe the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the allege acts first came to your attention and location(s) where the incident(s) occurred:

List the **individuals** involved in the incident(s) complaint of:

List any **witnesses** to the incident(s):

What **steps**, if any, have you taken to resolve this issue before filing a complaint?

Signature of Person Filing Complaint

Date

Please submit this complaint to:

Agape Schools, Central Office

1313 P St.

Fresno, Ca 93721

Ph: 559-486-1166 or Fax: 559-486-1199