Los Angeles Leadership Primary Academy  

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:

☐ Adult Education ☐ Consolidated Categorical Programs ☐ Nutrition Services
☐ Career/Technical Education ☐ Migrant and Indian Education ☐ Special Education
☐ Child Development Programs ☐ Pupil Fees ☐ Local Control Funding Formula
☐ No Child Left Behind Programs ☐ Foster/Homeless Youth

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

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

1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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2. Have you discussed your complaint or brought your complaint to any Charter School personnel? If you have, to whom did you take the complaint, and what was the result?

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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 complaint and any relevant documents to:

Arina Goldring, Chief Executive Officer/ Superintendent
Los Angeles Leadership Academy
2670 Griffin Ave
Los Angeles, CA 90031
(213) 381-8489