In accordance with RSA’s Uniform Complaint Procedures the school shall follow uniform complaint procedures to address complaints alleging unlawful discrimination (such as discriminatory harassment, intimidation, or bullying) against any protected group, complaints alleging violation of state or federal laws governing educational programs, the charging of unlawful pupil fees and the non-compliance of our Local Control and Accountability Plan (LCAP).

To be checked by complainant:

☐ Parent/Guardian  ☐ Student  ☐ Employee  ☐ Other

Last Name ___________________________ First Name ___________________________

Student Name (if applicable) ___________________________ Grade ______ Date of Birth ______

Address ___________________________ Apt. # __________

City ___________________________ State ______ Zip Code __________

Home Phone ___________________________ Cell Phone ___________________________ Work Phone ___________________________

Email Address ___________________________ Date of Alleged Violation __________

You are filing this complaint on behalf of:

☐ Yourself  ☐ Your Child or a Student  ☐ Another Student  ☐ A Group

For allegations of noncompliance of state or federal laws governing educational programs, please check the program or activity referred to in your complaint, if applicable:

___ Child Nutrition Services  ___ Local Control Accountability Plan
___ Education of Foster and Homeless Youth  ___ Physical Ed – Instructional Minutes
___ English Learner Program  ___ Pupil Fees
___ Federal Title I, II or IV programs  ___ School Safety Plans
___ Instruction: Courses without Educational Content  ___ Special Education/Compensatory Ed
___ Instructional Minutes

For complaints alleging discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

___ Sex  ___ Sexual Orientation  ___ Gender  ___ Marital, Pregnancy or
___ Gender Identity  ___ Gender Expression  ___ Ancestry  ___ Parental Status
___ Ethnic Group Identification  ___ Race or Ethnicity  ___ Religion  ___ Genetic Information
___ Nationality  ___ National Origin  ___ Age
___ Color  ___ Mental or Physical Disability  ___ Lactating Student
___ Association with a person or group with one or more of the actual or perceived categories listed above

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Principal/Administrator or school Title IX Officer
Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

**Details of Complaint:**

Please **describe** the type of incident(s) you experienced that led to this complaint, including the events or actions, in as much detail as possible:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe the **location where** the incident(s) occurred:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please list all the **date(s) and times** when the incident(s) occurred or when the alleged acts first came to your attention:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. ☐ Yes ☐ No

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature of person filing complaint Date Received by & Title Date

Please provide a duplicate copy to the complainant.