



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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Child Nutrition Services                         | <input type="checkbox"/> Local Control Accountability Plan   |
| <input type="checkbox"/> Education of Foster and Homeless Youth           | <input type="checkbox"/> Physical Ed – Instructional Minutes |
| <input type="checkbox"/> English Learner Program                          | <input type="checkbox"/> Pupil Fees                          |
| <input type="checkbox"/> Federal Title I, II or IV programs               | <input type="checkbox"/> School Safety Plans                 |
| <input type="checkbox"/> Instruction: Courses without Educational Content | <input type="checkbox"/> Special Education/Compensatory Ed   |
| <input type="checkbox"/> 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:**

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Sex  | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender            | <input type="checkbox"/> Marital, Pregnancy or |
| <input type="checkbox"/> Gender Identity  | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry          | <input type="checkbox"/> Parental Status       |
| <input type="checkbox"/> Ethnic Group Identification  | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion          | <input type="checkbox"/> Genetic Information   |
| <input type="checkbox"/> Nationality  | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Age               |  |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Mental or Physical Disability | <input type="checkbox"/> Lactating Student |  |
| <input type="checkbox"/> 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:

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

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

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

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

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

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

**I have attached supporting documents.**       Yes     No

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Signature of person filing complaint                      Date                      Received by & Title                      Date

Please provide a duplicate copy to the complainant.