



**WISH Charter School Uniform Complaint Procedures Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Name (if applicable) \_\_\_\_\_ Grade \_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Alleged Violation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Alleged Violation \_\_\_\_\_

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Consolidated Categorical Aid          | <input type="checkbox"/> After School Education/Safety            | <input type="checkbox"/> Courses without Educational Content/Already Satisfied for Graduation/Postsecondary Education |
| <input type="checkbox"/> Migrant Education                     | <input type="checkbox"/> Agricultural Vocational Education        | <input type="checkbox"/> American Indian Education Centers & Early Childhood Education Program                        |
| <input type="checkbox"/> Career/Technical Education            | <input type="checkbox"/> NCLB                                     | <input type="checkbox"/> Assessments  |
| <input type="checkbox"/> Child Care & Development              | <input type="checkbox"/> Tobacco-Use Education                    |   |
| <input type="checkbox"/> Child Nutrition                       | <input type="checkbox"/> Local Control Accountability Plan (LCAP) |   |
| <input type="checkbox"/> Special Education                     | <input type="checkbox"/> Physical Education Minutes               |   |
| <input type="checkbox"/> Pupil Fees for Educational Activities |   |   |
| <input type="checkbox"/> Foster/Homeless                       |   |   |

Please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sex                         | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Lactating Student  |
| <input type="checkbox"/> Sexual Orientation          | <input type="checkbox"/> Religion                      | <input type="checkbox"/> Association with a person or group with one or more of the actual or perceived categories listed above |
| <input type="checkbox"/> Gender                      | <input type="checkbox"/> Nationality                   |   |
| <input type="checkbox"/> Gender Identity             | <input type="checkbox"/> National Origin               |   |
| <input type="checkbox"/> Gender Expression           | <input type="checkbox"/> Age                           |   |
| <input type="checkbox"/> Ancestry                    | <input type="checkbox"/> Color                         |   |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Mental or Physical Disability |   |

If it is determined that the allegations fall under Title IX protections, we will encourage the alleged victim to complete the Title IX Grievance Complaint form. This Uniform Complaint Procedures Form can be used for all other allegations.

**Bullying/Complaint Managers**

Trisha Lee - Counselor ES <a href="mailto:tlee@wishcharter.org">tlee@wishcharter.org</a> 310-642-9474	Jessica Oney - Principal ES <a href="mailto:joney@wishcharter.org">joney@wishcharter.org</a> 310-642-9474
Tyler Posey - Counselor MS <a href="mailto:tposey@wishcharter.org">tposey@wishcharter.org</a> 310-410-9940	Maya Lohith-Clarke - Principal MS <a href="mailto:mlohith@wishcharter.org">mlohith@wishcharter.org</a> 310-410-9940
Anna Szczubelek - Counselor HS <a href="mailto:aszczubelek@wishcharter.org">aszczubelek@wishcharter.org</a> 310-743-6990	Dr. Kimberly Johnson - Principal HS <a href="mailto:kjohnson@wishcharter.org">kjohnson@wishcharter.org</a> 310-743-6990

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

---



---



---

2. Have you attempted to discuss your complaint with any WISH Charter personnel? If so, with whom and what was the result?

---

---

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 \_\_\_\_\_

Submit your complaint/documents to:

**Shawna Draxton, Executive Director  
WISH Charter School  
6550 W. 80<sup>th</sup> Street  
Los Angeles, CA 90045  
Fax: (310) 665-2914**