



**STEM Preparatory Schools, Inc.**  
**(for Crown Preparatory Academy and Math and Science College Preparatory 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 \_\_\_\_\_

Date of Alleged Violation \_\_\_\_\_ School/Office of Alleged Violation \_\_\_\_\_

For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult Education            | <input type="checkbox"/> Consolidated Categorical Aid          | <input type="checkbox"/> Migrant Education           |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> Child Care & Development              | <input type="checkbox"/> Child Nutrition             |
| <input type="checkbox"/> Special Education          | <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Local Control and Acct Plan |

For complaints of discrimination, harassment, intimidation, or bullying, please check the protected class(es) (actual or perceived) upon which the alleged conduct was based, listed below:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Actual or Perceived Sex     | <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender   |
| <input type="checkbox"/> Gender Identity             | <input type="checkbox"/> Gender Expression             | <input type="checkbox"/> Ancestry |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Race or Ethnicity             | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Nationality                 | <input type="checkbox"/> National Origin               | <input type="checkbox"/> Age      |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> Mental or Physical Disability |                                   |

**For complaints of bullying that are not based on the above listed protected classes or characteristics, and other complaints not listed on this form, please contact the Title IX/Bully Complaint Manager or School Principal.**

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.

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