



# LOS ANGELES ACADEMY OF ARTS & ENTERPRISE

**Board of Directors**  
Victoria Castro  
Mocetsuma Esparza  
Tonantzin Esparza  
Hector Orcí  
Norma Orcí  
Otto Padrón  
Julio Vallejo

## 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: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> After School Education and Safety (ASES)                  | <input type="checkbox"/> Local Control Funding Formula (LCFF)/Local Control Accountability Plan (LCAP) |
| <input type="checkbox"/> Consolidated Categorical Aid Programs                     | <input type="checkbox"/> Every Student Succeeds Act (ESSA)   |
| <input type="checkbox"/> Career Technical Education and Training                   | <input type="checkbox"/> School Safety Plans   |
| <input type="checkbox"/> Foster and Homeless Youth Services                        | <input type="checkbox"/> Special Education   |
| <input type="checkbox"/> Special Education   | <input type="checkbox"/> Title IX  |
| <input type="checkbox"/> Discrimination, Harassment, Intimidation, and/or Bullying |  |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Age                             | <input type="checkbox"/> Gender / Gender Expression / Gender Identity | <input type="checkbox"/> Sex (Actual or Perceived)   |
| <input type="checkbox"/> Ancestry                        | <input type="checkbox"/> Genetic Information                          | <input type="checkbox"/> Sexual Orientation (Actual or Perceived)  |
| <input type="checkbox"/> Color                           | <input type="checkbox"/> National Origin                              | <input type="checkbox"/> Based on association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Disability (Mental or Physical) | <input type="checkbox"/> Race or Ethnicity                            |  |
| <input type="checkbox"/> Ethnic Group Identification     | <input type="checkbox"/> Religion                                     |  |



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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:

David Calvo  
Principal, Los Angeles Academy of Arts and Enterprise  
1200 W. Colton Street, Room 3-320  
Los Angeles, CA 90026  
Phone: (213) 487-0600  
[dcalvo@laaae.org](mailto:dcalvo@laaae.org)