



**Matrix for Success Academy**  
 An LAUSD authorized public charter school  
 1010 E. 34th Street  
 Los Angeles, CA 90011  
 Phone (323) 897-5971  
 www.matrix4success.org

**School Administration**  
 Richelle Brooks, ED. D  
 Site Administrator

**PazLo Ed. Foundation**  
 Cesar Lopez  
 Executive Director  
 Margret Woelke  
 Federal Programs/Expanded Learning  
 Administrator

## Uniform Complaint Procedure Form

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

- Child Nutrition                       Independent Studies                       Migrant Education                       Special Education
- Pupil Fees for Educational Activities                       Local Control Accountability Plan                       School Safety Plans
- Education of Pupils in a Foster Care, Pupils who are Homeless, former Juvenile Court Pupils                       After School Safety
- Bilingual Education                       Physical Education Instructional Minutes                       Local Control (LCAP)
- Every Student Succeeds act/No Child Left Behind

**For complaints of unlawful discrimination, harassment, intimidation or bullying (employee-to-student, student-to-student, third party to student, employee-to-third party) filed no later than six months from the date it occurred or when knowledge was obtained that it occurred, check which actual or perceived protected groups upon which the alleged conduct was based:**

- Sex                       Sexual Orientation                       Gender                       Gender Identity                       Gender Expression
- Ancestry                       Ethnic Group Identification                       Race or Ethnicity                       Religion                       Nationality
- National Origin                       Immigration Status                       Color                       Mental or Physical Disability                       Age
- Lactating Student                       Association with a person or group with one or more of the actual or perceived groups listed here

**For bullying complaints that are not based on protected groups and other complaints not listed on this form, contact your school Title IX/Bullying Complaint Manager – Lindy Castillo. For complaints of employee-to-employee discrimination or harassment, contact Susan Huitron, Human Resources/Operations Manager at 323-817-6550 or email: [shuitron@apexacademyhs.info](mailto:shuitron@apexacademyhs.info)**



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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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2. Have you attempted to discuss your complaint with any School/District Personnel? If so, with whom 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 or hand-deliver your complaint/documents to:

Susan Huitron  
 Human Resources/Operational Manager  
[shuitron@apexacademyhs.info](mailto:shuitron@apexacademyhs.info)  
 PazLo Education Foundation/APEX Academy  
 1309 North Wilton Place, Office 321  
 Los Angeles, CA 90028  
 323.817.6550