



Sulphur Springs Union School District

Uniform Complaint Form

Complaints shall be filed with:

Assistant Superintendent, Personnel/Pupil Services
27000 Weyerhaeuser Way
Santa Clarita, CA 91351
661-252-5131

Name: _____ If a SSUSD Employee:
Address: _____ School/Department _____
Work Phone: _____
Cell Phone: _____
Email Address: _____

1) Identify the offending person or persons (if known):

2) State what happened to cause the complaint. Be specific. (If more space is required, please attach additional pages.)

3) Describe the informal efforts you made to correct the situation:

4) What remedy are you seeking?

Date Filed

Conference Date

Signature

Upon completion of this section, complainant shall present forms to immediate supervisor.

TO BE COMPLETED BY COMPLIANCE PERSONNEL

Date Received by Immediate Supervisor: _____ Supervisor _____

Immediate Supervisor's Decision (including reasons):

Date Resolved

Name of Person who Resolved the Complaint