

UNIFORM COMPLAINT POLICY FORM

Complaints shall be filed with:

Assistant Superintendent
Educational Services
Palm Springs Unified School District
150 District Center Drive
Palm Springs, CA 92264
(760) 883-2703

Name: _____
Address: _____

Work Phone: _____
Cell Number: _____
Email _____
Address: _____

If a PSUSD Employee
School/Department: _____

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.)

Exhibit
version: May 13, 2003
revised: November 28, 2006
revised: July 26, 2011
revised: June 1, 2018

UNIFORM COMPLAINT PROCEDURES (continued)

3. What remedy are you seeking?

4. Describe the informal efforts you made to correct the situation.

Your Signature _____ Date _____

Board Policy 1312.3 Uniform Complaint Procedures

TO BE COMPLETED BY COMPLIANCE OFFICERS(S)

Date Received _____ By _____

Uniform Complaint Policy Complaint Form Reference Code

Date Resolved _____ By _____