



Complainant Last Name: \_\_\_\_\_ Complainant First Name: \_\_\_\_\_  
Student Name (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address/ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Alleged Violation \_\_\_\_\_ School/Office of Alleged Violation: \_\_\_\_\_

**Please check the item that applies to this complaint**

**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"/> Migrant Education                     |
| <input type="checkbox"/> Career and Technical Training            | <input type="checkbox"/> Nutrition Services                    |
| <input type="checkbox"/> Child Care and Development               | <input type="checkbox"/> Pupil Fees for Educational Activities |
| <input type="checkbox"/> Consolidated Categorical Aid             | <input type="checkbox"/> School Safety Plan                    |
| <input type="checkbox"/> Local Control Accountability Plan (LCAP) | <input type="checkbox"/> Special Education                     |

**For allegation(s) of unlawful discrimination, harassment, intimidation, bullying, based on actual or perceived characteristics of:**

- |   |  |  |                                      |   |
|---|--|--|--------------------------------------|---|
| <input type="checkbox"/> age  | <input type="checkbox"/> gender expression             | <input type="checkbox"/> national origin   |                                      |   |
| <input type="checkbox"/> ancestry   | <input type="checkbox"/> gender identity               | <input type="checkbox"/> race or ethnicity |                                      |   |
| <input type="checkbox"/> color  | <input type="checkbox"/> mental or physical disability | <input type="checkbox"/> religion          |                                      |   |
| <input type="checkbox"/> ethnic group identification  | <input type="checkbox"/> marital or parental status    | <input type="checkbox"/> sex gender        | <input type="checkbox"/> nationality | <input type="checkbox"/> sexual orientation |
| <input type="checkbox"/> Or, on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics. |  |  |                                      |   |

**1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc. Attach additional pages if necessary.**

**2. Have you discussed your complaint or brought your complaint to any Saugus Union School District personnel? If you have, to whom did you take the complaint, and what was the result?**

**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:**

Assistant Superintendent, Human Resources  
SAUGUS UNION SCHOOL DISTRICT  
24930 Avenue Stanford  
Santa Clarita, California 91355  
Ph: 661-294-5300, Ext. 5133