

Lincoln County School District

Code: **GBM-AR(2)**
Revised/Reviewed: 7/09/02; 6/14/16 (Effective
7/01/16); 5/31/18
Orig. Code(s): GBM-AR

Staff Complaint Form

(For employees alleging that district policy(ies) and/or administrative regulations
have been misinterpreted, misapplied or violated.)

Complainant: _____
(Print Name)

Telephone: _____

Assignment: _____

Location: _____

Supervisor: _____
(Print Name)

Telephone: _____

Step 1 (Employee)

A. The employee should discuss the matter with the district employee involved. District employee has five work days to respond in writing to the employee raising the complaint.

Step 2 (Principal)

A. Date the employee had knowledge of condition leading to complaint: _____

B. Complaint received by the principal (must be within five work days of Step 2 A.). Date: _____

C. Complaint

1. Statement of complaint (include citation of the district policy(ies) and/or administrative regulations which has allegedly been misinterpreted, inequitably applied or violated.

2. Relief sought:

Complainant's Signature

Date: _____

Name of Representative (if any): _____

D. Disposition by the principal: Sustained Denied
(¹Decision must be rendered within 10 work days of the principal's receipt of the complaint Step 2. B.)

Comments: _____

Date: _____
Administrator/Supervisor's Signature

E. Position of Complainant:

1. I accept the decision of principal.
Or
2. I appeal the decision to Step 3.

Reason(s) for appeal: _____

Date: _____
Complainant's Signature

Name of Representative (if any): _____

Step 3 (Superintendent or Designee)

A. Complaint received by the superintendent or designee. Date: _____
(¹Must be within five work days of Step 2 D.)

B. Disposition by superintendent or designee: Sustained Denied
(¹Must

Comments: _____

Date: _____
Superintendent's Signature

¹The decision of the Board is final. The complaint procedure will not be longer than 90 days from the filing date of the original complaint with the principal, through timelines may be extended upon written agreement between both parties.

C. Position of Complainant:

- 1. I accept the decision of the superintendent.
Or
- 2. I appeal the decision to Step 5.

Reason(s) for appeal: _____

_____ Date: _____
Complainant's Signature

Name of Representative (if any): _____

Step 4 (Board)

A. Complaint received by the Board. (Must be received within five work days of Step 3 B.) Date: _____

B. Date of Hearing: _____

C. Disposition by the Board: Sustained Denied
(¹Complainant to be informed of Board's decision within 20 working days from the hearing of the appeal by the Board, Step 4 B.)

Comments: _____

_____ ¹Date: _____
Signature of Board Chair