

Lincoln County School District

Code: **GBM-AR(2)**
Revised/Reviewed: 7/09/02; 6/14/16 (Effective 7/01/16)
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 2 (Principal)

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

B. 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): _____

C. Position of Complainant:

1. I accept the decision of the district director or administrator.
Or
2. I appeal the decision to Step 4.

Reason(s) for appeal: _____

_____ Date: _____
Complainant's Signature

Name of Representative (if any): _____

Step 4 (Superintendent)

A. Complaint received by the superintendent. Date: _____

D. Disposition by superintendent: Sustained Denied

Comments: _____

_____ Date: _____
Superintendent's Signature

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 5 (Board of Directors)

A. Complaint received by the Board. Date: _____

D. Disposition by the Board: Sustained Denied

Comments: _____

Signature of Board Chair

Date: _____