

**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: \_\_\_\_\_

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**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  
(<sup>1</sup>Decision 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): \_\_\_\_\_

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### Step 3 (Superintendent or Designee)

A. Complaint received by the superintendent or designee. Date: \_\_\_\_\_  
(<sup>1</sup>Must be within five work days of Step 2 D.)

B. Disposition by superintendent or designee:  Sustained  Denied  
(<sup>1</sup>Must

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
Superintendent's Signature

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<sup>1</sup>The 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): \_\_\_\_\_

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**Step 5 (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  
(<sup>1</sup>Complainant to be informed of Board's decision within 20 working days from the hearing of the appeal by the Board, Step 4 B.)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ <sup>1</sup>Date: \_\_\_\_\_  
Signature of Board Chair