

**North Wasco County
School District 21**

Code: **KL/GBM-AR**
Adopted: 12/9/99
Readopted: 6/23/04
Orig. Code(s): The Dalles GBM/KL-AR

Complaint Procedure

Initiating a Complaint: Step One

Any member of the public who wishes to express a complaint should discuss the matter with the school employee involved (teacher, counselor, assistant principal, secretary, etc.) It is the intent of the district to solve problems and address all complaints as close as possible to their origin.

The Building Administrator: Step Two

If unable to resolve a problem or concern at step one, then the complainant must reduce the complaint to writing using the prescribed district form and meet with the building principal to resolve the complaint or concern.

The Superintendent: Step Three

If such a discussion at the building level does not resolve the complaint or if such discussion is not practical under the circumstances, the complainant, if he/she wishes to pursue the action, shall file a signed, written complaint with the superintendent clearly stating the nature of the complaint and a suggested remedy.

The superintendent shall investigate the complaint, confer with the complainant and the parties involved and prepare a written report of his/her findings and his/her conclusion. (Approximately one week in most cases will be required.)

The Board: Step Four

If the complainant is dissatisfied with the superintendent's findings and conclusion, the complainant may appeal the decision to the Board. The Board shall hold a hearing to review the findings and conclusion of the superintendent, to hear the complainant and to take such other evidence as it deems appropriate. All parties involved, including the school administration, will be asked to attend such meeting for the purposes of presenting additional facts, making further explanations and clarifying the issues.

The Board may elect to hold the hearing in executive session if the subject matter qualifies under Oregon Revised Statutes.

NORTH WASCO COUNTY SCHOOL DISTRICT 21
Complaint Regarding an Employee, Program or Practice

Please fill in the information requested below (attach additional pages as needed).

Name of Employee/Program Date of Complaint

Nature of complaint: _____

Source of your information: _____

Justification: _____

Action requested: _____

Principal/Supervisor/Employee response: _____

Signature: _____ Date: _____

Employee: _____ Date: _____

Immediate Supervisor: _____ Phone: _____ Date: _____