

**WASHOE COUNTY SCHOOL DISTRICT
Human Resources Division**

EDUCATION SUPPORT PROFESSIONAL COMPLAINT FORM

Name (Please Print) _____ Complainant's Signature _____ Date Filed _____

School Location _____ Position _____ On Behalf of the Assn. _____ Date Received _____

TIME LIMIT _____ **MONTH/DAY/YEAR**

On what date did you become aware of the act or condition on which this complaint is based? _____

LEVEL ONE: SUPERVISOR

On what date(s) did you meet and discuss this complaint with your supervisor/administrator? _____

On what date did you notice your supervisor/administrator you were going to file a complaint? _____

LEVEL TWO: DEPARTMENT HEAD

a. Complainant's Statement

On page 3 or an attached page, state the nature of the complaint including any policy, regulation, procedure, or practice which is the subject of the complaint. Also state the relief you are seeking. _____

b. Department Head Decision

Date complaint received: _____

Date decision rendered (recommended decision be rendered within ten (10) days after meeting). _____

c. Complainant's Response **MONTH/DAY/YEAR**

Please sign and date below if Level Two decision is acceptable.

Signature _____

LEVEL THREE: SUPERINTENDENT/DESIGNEE

a. Complainant's Appeal

_____ Please initial here and forward to the Labor Relations Manager if you wish to appeal to the Superintendent Level. Your appeal **MUST** be filed within five (5) working days after receipt of the decision. Attach written response, if desired. Please enter the date this appeal is provided to the Human Resources Department:

Signature

b. Superintendent/Designee's Decision

Date complaint received:

Date decision rendered (must be within ten (10) working days after the hearing date):

c. Complainant's Response

Please sign and date if Level Three decision is acceptable.

Signature

LEVEL FOUR: BOARD OF TRUSTEES

a. Complainant's/Association's Appeal

MONTH/DAY/YEAR

_____ Please initial here and forward to the Labor Relations Manager if you wish to appeal to the Board of Trustees. Your appeal will be scheduled with the Board of Trustees at the next regular meeting. Attach written response, if desired. Please enter the date this appeal is provided to the Human Resources Department:

Signature

Date

Signature of Association Representative

Date

