

WASHOE COUNTY SCHOOL DISTRICT

CERTIFICATED COMPLAINT FORM

Complaint #

Name (Please Print or Type)

School/Location

Assignment

WCSD #

Date Filed

Complainant's Signature

On Behalf of the Association

Date Received

MONTH DAY YEAR

1. STEP ONE: SUPERVISOR MEETING (Required)

On what date(s) did you meet and discuss this complaint with your principal, supervisor, or administrator?

\_\_\_\_\_

On what date did you notify your principal, supervisor, or administrator of your decision to file a complaint?

\_\_\_\_\_

2. STEP TWO: CENTRAL ADMINISTRATION

a. Complainant's Statement

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

Have you distributed copies to your principal/supervisor?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. Assistant Superintendent: Meeting and Decision

1. Date received by the Assistant Superintendent.
2. Meeting date must be established within eight (8) days of receipt of request. Enter meeting date on the right.
3. Suggested relief appears on the attached page. Please enter date response is provided to the Complainant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Complainant's Response

If relief is acceptable, please sign below and date on the right within five (5) working days of receipt. Return this form to the Chief Human Resources Officer. If this form is not returned within five (5) days, the complaint is settled at this level.

Signature

\_\_\_\_\_

MONTH DAY YEAR

3. **STEP THREE: SUPERINTENDENT/DESIGNEE**

a. **Complainant's Appeal**

\_\_\_\_\_ Please initial here and date if a meeting with the Superintendent is requested.

\_\_\_\_\_

b. **Superintendent/Designee's Meeting and Decision**

1. Meeting date established within ten (10) days following the meeting with the Assistant Superintendent. Please enter date of meeting on the right.

\_\_\_\_\_

Decision is attached. Decision must be rendered within twenty-one (21) days following the meeting with the Assistant Superintendent. **Please enter the date the decision is provided to the Complainant.**

\_\_\_\_\_

c. **Complainant's Response**

Please sign below, date on the right, and return to the Chief Human Resources Officer if the decision is acceptable.

\_\_\_\_\_

\_\_\_\_\_  
Signature

**STEP FOUR: BOARD OF TRUSTEES**

\_\_\_\_\_ Please initial here and date on the right if a meeting with the Board of Trustees is requested.

\_\_\_\_\_

a. A meeting was held on:

\_\_\_\_\_

**Text Guidelines for Using these Pages**

**2. STEP TWO:- AREA SUPERINTENDENT**

- a. **Formal Complaint:** State the nature of the complaint including any policy, regulation, procedure or practice, or subject which is the basis for the complaint.  
**(PLEASE SIGN AND DATE AT THE CONCLUSION OF YOUR STATEMENT.)**
- b. **Area Superintendent's Proposed Resolution:** Following the Complainant's statement, please enter your proposed resolution.  
**(PLEASE SIGN AND DATE AT THE CONCLUSION OF YOUR DECISION.)**

**3. STEP THREE: SUPERINTENDENT/DESIGNEE**

- a. Following the Area Superintendent's proposed resolution, please enter your decision. **(PLEASE SIGN AND DATE AT THE CONCLUSION OF YOUR DECISION.)**

**4. STEP FOUR: BOARD OF TRUSTEES**  Decision of the Trustees is included on the following page(s).

Date: 4/13/11; Rev. B HR-F603