



## **ADMIN REGULATION: PUBLIC COMPLAINT PROCEDURE**

**CODE: KL-AR**

*Complaint, Suggestion or Commendation Regarding an Employee, Program or Practice*

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The following procedure will be used for all **COMPLAINTS**:

1. A student or parent with a complaint shall generally first present it orally and informally to their teacher or the appropriate school employee;
2. If the complaint is not resolved, the complainant may formally present the complaint in writing (including all supporting statements and evidence) within 10 working days of the informal conference to the principal. The principal shall evaluate the evidence and render a decision within five working days after receiving the complaint;
3. If the complainant deems it desirable to carry the complaint beyond the decision reached by the principal, they may, within five working days, file the complaint with the superintendent or their designee. The superintendent or their designee shall evaluate the evidence and render a decision within five working days after receiving the appeal;
4. If the complainant deems it desirable to carry the complaint beyond the decision reached by the superintendent or their designee, the complainant may, within five working days, request a review by the Board at the next regularly scheduled meeting. A final determination shall be made within 20 working days from receipt of the appeal by the Board;
5. Persons may, after exhausting local complaint procedures, appeal in writing to the Superintendent of Public Instruction.

### **Time**

The number of days given at each level shall be regarded as a maximum and every effort will be made to expedite the process. The time limits stated may be extended by mutual agreement of the complainant and the administration.

### **Withdrawal**

A complaint may be withdrawn by the complainant at any level without prejudice, reprisal or record.

### **Meetings and Decisions**

At each of the levels the complainant shall be given the opportunity to be present and to be heard. All decisions at each level shall be in writing and include supporting rationale with the exception of the initial informal contact. Copies of all decisions and recommendations shall be furnished promptly to all parties of interest.

**COMPLAINT Regarding an Employee, Program or Practice**

The district is interested in hearing complaints involving employees, programs or practices. When a complaint is submitted, it is important to provide a complete understanding of the complaint in order for the district to take corrective action and make positive changes. We request you complete the form below to assist the district in understanding and addressing your complaint. COMPLETED FORMS (Number 1-7) will be shared with the necessary staff member(s) involved; including their immediate supervisor. Please use/attach additional pages if needed. Office staff are able to assist with completion of this form upon request. INCOMPLETE FORMS may not be addressed.

1. Name of Employee/Program/Practice for which there is a complaint: \_\_\_\_\_  
\_\_\_\_\_

2. Location and Date the event or action of complaint occurred: \_\_\_\_\_  
\_\_\_\_\_

3. Nature of Complaint: \_\_\_\_\_  
\_\_\_\_\_

4. Identify the source of your information leading to the complaint: \_\_\_\_\_  
\_\_\_\_\_

5. Please explain your feeling(s) about the action/event leading to the complaint: \_\_\_\_\_  
\_\_\_\_\_

6. What Remedy or Solution are you seeking as a result of this complaint: \_\_\_\_\_  
\_\_\_\_\_

7. Name of person making complaint: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Immediate Supervisor responsible for addressing this complaint: \_\_\_\_\_

*\*The Immediate Supervisor for this staff member, program or practice may reach out with additional questions to clarify if needed.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*I have read the above Complaint, have reviewed it with my Immediate Supervisor and I was offered a copy. My signature does not necessarily indicate my agreement with the Complaint.*

**SUGGESTION or COMMENDATION Regarding an Employee, Program or Practice**

The district is interested in hearing suggestions or commendations involving employees, programs or practices. When a suggestion is submitted, it is important to provide a complete understanding of your ideas in order for the district to make positive changes. Commendations are of value to the district because they improve morale and encourage district employees to take pride in their work and go above and beyond to support our students. We request you complete the form below to assist the district in understanding and addressing our employee, program or practice. Please use/attach additional pages if needed. Office staff are able to assist with completion of this form upon request. INCOMPLETE FORMS may not be addressed.

1. Name of Employee/Program/Practice for which there is a complaint: \_\_\_\_\_  
\_\_\_\_\_

2. What would you like to Suggest or Commend? \_\_\_\_\_  
\_\_\_\_\_

3. Additional Suggestions or Commendations (if any): \_\_\_\_\_  
\_\_\_\_\_

4. Source of your information: \_\_\_\_\_  
\_\_\_\_\_

5. Date this event occurred if different than today's date: \_\_\_\_\_

6. Person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Immediate Supervisor responsible for sharing/reporting this Suggestion or  
Commendation with appropriate staff and School Board: \_\_\_\_\_

*\*The Immediate Supervisor for this staff member, program or practice may reach out with additional questions to clarify if needed.*