

# **NORTH FORK LOCAL SCHOOLS PARENT COMPLAINT**

## **GUIDELINES AND INSTRUCTIONS FOR USE**

1. Fill out the attached form within ten (10) days of the incident indicating the nature of the incident, what happened, and your complaint. Be sure to include who was involved and any information that will be helpful in solving this issue.
2. Upon completion of the form please give or send to the building administrator for the process of solving the complaint to begin.
3. Upon receipt of the written teacher complaint form the building administrator will give the form to the teacher for them to make contact within forty-eight hours of receipt with the parent.
4. The teacher will provide the building administrator a written summary of the outcome of the issue.
5. In the event the complaint could not be solved by direct communication with the parent, a conference between teacher, parent, and administrator will take place. A written summary of the meeting must be kept by the building administrator.
6. If the complaint is warranted, then clear expectations for correcting the problem must be developed at the meeting.
7. If the parent is still not satisfied, the parent may arrange a conference within ten (10) days to the Superintendent. The Superintendent shall make a report of said conference and provide a copy to the teacher, parent and building administrator involved.
8. If the parent is still not satisfied, the parent may within ten (10) days of the Superintendent's response request a meeting with a majority of the Board in Executive Session. A copy of the Board's recommendation shall be given to the Superintendent, parent, building administrator and teacher.

If the Superintendent, Board, or any Board member(s) receive an initial complaint from a parent about a teacher, he or she shall request that the parent follow the procedure as established. He or she shall also refer the matter to the appropriate administrator.

# NORTH FORK LOCAL SCHOOLS PARENT COMPLAINT FORM

Name: \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_

Cell Number \_\_\_\_\_

\_\_\_\_\_

Work Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

1. Nature of incident/complaint (To be filled out by parent):

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2. Staff summary of event and action taken:

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3. Was incident/complaint resolved (Staff Member)? \_\_\_\_\_

4. Is further action needed (Building Administrator)? \_\_\_\_\_

5. If further action: Date \_\_\_\_\_ Time: \_\_\_\_\_  
of next meeting.

BUILDING \_\_\_\_\_

ADMINISTRATORS SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_