

NORTH FORK LOCAL SCHOOLS PARENT COMPLAINT NON-TEACHING

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 supervisor for the process of solving the complaint to begin.
3. Upon receipt of the written complaint form, the supervisor will give the form to the employee for them to make contact within forty-eight hours of receipt with the parent.
4. The employee 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 employee, parent, and supervisor 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 employee, parent and supervisor involved.
8. If the parent is still not satisfied, the parent may within ten (10) days of the Superintendents 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, supervisor and employee.

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):

2. Staff summary of event and action taken:

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

4. Is further action needed (Supervisor)? _____

5. If further action: Date _____ Time: _____
of next meeting.

BUILDING _____

SUPERVISORS SIGNATURES: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____