WASHOE COUNTY SCHOOL DISTRICT Human Resources Division

EDUCATION SUPPORT PROFESSIONAL COMPLAINT FORM

Name (Please Print)		Comple	Complainant's Signature		Date Filed	
School Locati	ion	Position	On Behalf of th	e Assn.	Date Received	
TIME LIMI	Т			MONT	H/DAY/YEAR	
On what date complaint is b		ware of the act or con	ndition on which this	and the second s		
LEVEL ONI	E: SUPERVISOF	t				
On what date supervisor/ad		nd discuss this comp	aint with your			
On what date to file a comp		ır supervisor/admini	strator you were going	1. <u></u>		
LEVEL TW	O: DEPARTME	NT HEAD				
a.	Complainant's St	atement				
	including any poli		e nature of the complaint dure, or practice which is e the relief you are			
b.	Department Head	I Decision				
	Date complaint re	ceived:				
	Hearing Date (wit	hin five (5) working	days of receipt):			
	Date decision rend within ten (10) da		decision be rendered	ĵ <u></u>		
с.	Complainant's R	esponse		MONT	H/DAY/YEAR	
	Please sign and date below if Level Two decision is acceptable.					
	Signature			-5	n na sa	
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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:

Hearing Date (within fifteen (15) working days of receipt):

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

c. Complainant's Response

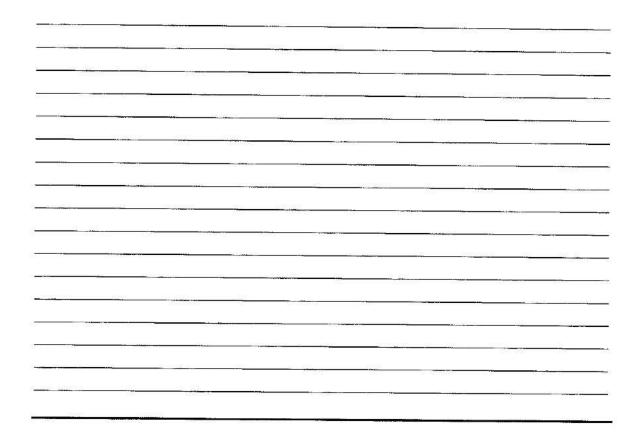
Please sign and date if Level Three decision is acceptable.

Signature

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TEXT:

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Date: 1/4/17, REV.B	HR-F601	Page 3 of 4



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