

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. This decision is final.**

\_\_\_\_\_