Billings Public Schools



415 North 30th Street Billings MT 59101-1298 (406) 281-5000 www.billings.k12.mt.us

COMPLAINT FORM

The Board of Trustees established a Uniform Complaint Procedure under District Policy 1700 as a means to address certain complaints that arise within Billings Public Schools.

The Board of Trustees expects that most complaints will be addressed at the school building level. A person with a school related complaint is encouraged first to discuss the issue with the appropriate teacher, counselor, dean or principal, with the objective of resolving the matter promptly and informally. This complaint procedure may be used when an issue cannot be resolved informally or the particular concern does not fit within another policy of Billings Public Schools.

The District endeavors to respond to and resolve complaints promptly and equitably. The right of a person to prompt and equitable resolution of a complaint will not be impaired by the person's pursuit of other remedies. Use of this Complaint Procedure is not a prerequisite to the pursuit of other remedies and does not extend any filing deadline related to the pursuit of other remedies.

I wish to have the District address:					
	The services of:				
		(name of individual and title)			
	This program:	(name of program)			
		(name of program)			
	This incident:				
Date	Date of incidents				
cale	Date of incident: (This written complaint must be filed within thirty (30) calendar days of the incident or from the date an individual could reasonably become aware of such event or				
incident. If there has been an attempt to resolve this issue informally, the complaint must be filed within sixty (60) calendar days.)					
Please attach a separate sheet if necessary.					
Nature of complaint:					
2. Description of incident:					
3. School personnel involved (if any):					

4. Resolution or remedy requested:					
5. Attempts made to resolve this issue informally:					
6. Names of District personnel that were contacted:					
7. Please check all of the following that apply:					
□ I am currently a student in Billings Public Schools.					
☐ I am a parent or legal guardian of a current student in Billings Public Schools.					
☐ I am a resident within the District boundaries of Billings Public Schools.					
☐ I have observed the incident or have direct know	☐ I have observed the incident or have direct knowledge of the matters asserted.				
☐ I have been directly affected by this incident.					
8. Expectation of privacy and confidentiality (one of the following must be selected). Montana law governs whether or not this document is a public document available for public review. Your expectation of privacy is important information in this regard					
☐ I expect that this complaint will be treated as a conformyself or, if applicable, my child.	onfidential matter	and I do not waive any	right of privacy		
☐ I waive any right of privacy I may have or my child may have and I understand the District may release this complaint as a public document.					
(Name - print or type)	· · · · · · · · · · · · · · · · · · ·	(Telephone)			
(Address)	(City)	(State)	(Zip)		
(Signature)		(Date)			

This complaint must be filed with the District Clerk.

Please refer to Policy 1700 for a complete description of the Uniform Complaint Procedure. You may view this policy on the Billings Public School website at www.billings.k12.mt.us under District Policies – Series 1000. A copy may also be obtained from the District Clerk at Billings Public Schools, Room 209, 415 North 30th Street, Billings, MT 59101. Telephone (406) 281-5115.