

Uniform Complaint Reporting Form
Lewistown Public School District #1

Name of Complainant: _____ Date: _____

Level 1: Date and Nature of the Incident: _____

Resolution by Administration: _____

Level 2: Please state the nature of the complaint: a description of the event, including school personnel involved, and the remedy or resolution requested. The written complaint must be filed within 30 days of the event or from the date an individual could reasonably become aware of the event.

Remedy Sought: _____

Response of the Administrator at Level 2: The response must be in writing within 30 days of the complaint.

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Level 3: If not satisfied with the response at Level 2, the complainant may file a written appeal to the Superintendent at level 3 within 15 days of the receipt of the response at Level 2.

Remedy Sought: _____

Level 3 Response: The Superintendent will respond in writing within 30 days of the receipt of appeal.

Level 4: The response of the Superintendent may be appealed in writing, within 15 days of the response, to the Board of Trustees. The Board will hear the appeal within 30 days of the appeal to Level 4. The decision of the Board is final unless appealed under provision of Montana law.

Remedy sought: _____

Response of the Board: _____
