

Parent and Student Grievance Form A**School Level - Parent or Student's Written Request for a Conference**

NOTE: Form to be completed within thirty calendar days of the informal discussion with the most immediate and appropriate school staff. The requested conference is to take place within five school days of receipt of the written request.

I request a conference with principal _____ (if a school-related matter) or with administrator _____ (if a district-wide matter) to discuss the following grievance and to seek resolution to the problem.

Student or Parent's Name _____

Street Address _____ Telephone _____

City, State, Zip _____

Date(s) and place problem occurred: _____

What Board of Education Policy or what North Carolina or Federal law has been violated, if known?
(Board of Education policies and procedures are on the Bertie County Schools' Website)

Description of problem: (You may continue on a second sheet or add attachments if desired.)

With whom did you discuss the matter? _____ When? _____

What was the result?

What do you think should be done to correct the situation?

Signature of Parent or Student

Date Form Submitted
to principal or (Administrator)

Parent and Student Grievance Form B

School Level - Administrator's Written Response to the Conference

NOTE: Response to be completed within ten school days of the conference and submitted to the parent or student with the grievance.

Student or Parent's Name _____

Street Address _____ Telephone _____

City, State, Zip _____

Meeting Date/Time: _____

Person(s) Attending: _____

Statement of Issues:

Administrator's Findings:

Administrator's Decision:

Signature of Administrator

Date

Parent and Student Grievance Form C

Director of Student Services Level - Parent or Student's Review Request

NOTE: This form, along with copies of School Level Form A and School Level Form B, are to be submitted to the Director of Student Services' office within five calendar days of receiving the administrator's decision.

Student or Parent's Name _____

Street Address _____ Telephone _____

City, State, Zip _____

To the Director of Student Services: I am not satisfied with the administrator's decision regarding my grievance and request your review of the matter.

Reason for dissatisfaction:

Desired outcome:

Additional comments, if any:

Signature of Parent or Student

Date

NOTE: The Director of Student Services shall review the written documents and determine whether or not the issue is grievable. Based on this decision, the Director of Student Services may choose to investigate the grievance further and/or hold a conference with the parent or student and the administrator.

Parent and Student Grievance Form D

**Director of Student Services Level - Response to Review
Based on the Findings of the Administrative Panel**

NOTE: To be completed within ten school days of receiving the review request.

Student or Parent's Name _____

Street Address _____ Telephone _____

City, State, Zip _____

Meeting Date/Time: _____

Person(s) Attending: _____

Statement of Issue:

Panel's Findings:

Panel's Decision:

Signature of Director of Student Services

Date

Parent and Student Grievance Form E**Board Level- Parent or Student Appeal to the Board**

NOTE: This form, along with copies of School Level Form A and B, Director of Student Services and Administrative Panel Forms C and D are to be submitted to the Chair of the Board of Education within five calendar days of receiving the Director of Student Services and Administrative Panel's decision.

If the petitioner requests a discretionary hearing, the Board shall notify the petitioner in writing of its decision whether or not to grant a hearing in a timely manner after receiving the request.

If the Board hears an appeal, the hearing will be scheduled within 60 days after the receipt of the request. The hearing panel will provide the appellant a written final decision within ten calendar days of hearing the appeal.

Student or Parent's Name _____

Street Address _____ Telephone _____

City, State, Zip _____

Check one of the following:

_____ I am petitioning the Board of Education to consider my grievance.

_____ I believe that I have a right to a Board hearing on this matter because of the following Bertie Bertie County Schools' Board of Education policy, North Carolina law, or Federal law has been violated: _____

Comments, if desired:

Signature of Parent or Student

Date