STAFFORD MUNICIPAL SCHOOL DISTRICT

PUBLIC COMPLAINT FORM

Public Complaints/Grievances | Board Policy GF(LOCAL)

Instructions: Complete this form and submit it to the appropriate District administrator within the timeline established by GF(LOCAL).

COMPLAINANT INFORMATION

Complainant name:		**Phone number:**	
Address:		**City/State/ZIP:**	
Email address:			
Relationship to District (e.g., vendor, volunteer, community member):			
Organization/Company, if applicable:		**Preferred contact method:**	

☐ Vendor ☐ Volunteer ☐ Community member ☐ Organization representative ☐ Other: _____

REPRESENTATIVE INFORMATION, IF APPLICABLE

Representative name:			
Representative address:			
Phone:		**Email:**	

☐ I authorize the individual identified above to represent me in this complaint. ☐ Telephone/virtual participation requested

COMPLAINT INFORMATION

Date of event/decision:		**Date first known:**	
Date submitted:		**Campus administrator:**	

1. Describe the statement of concern.

2. Identify the specific Board policy, law, regulation, contract provision, public right, or other requirement you believe was violated, if known.

3. State the specific remedy or outcome requested. Explain how the requested remedy would address the alleged individual harm.

COMPLAINANT ACKNOWLEDGMENT

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that this complaint will be processed under GF(LOCAL), that a materially incomplete filing may be returned or dismissed as permitted by policy, and that I am responsible for meeting all applicable timelines.

Complainant/Representative Signature Date

Attachments submitted: ☐ Supporting documents ☐ Policy or provision cited ☐ Representative authorization

DISTRICT RECEIPT AND LEVEL ONE DISPOSITION

Date received: **Time received:**

Received by: **Method:**

☐ Hand delivery ☐ Email/electronic ☐ U.S. mail ☐ Other: _____

Conference date: **Decision date:**

Level One decision/disposition:

Level One Administrator Signature Date

Notice to complainant: If dissatisfied with the Level One decision, submit a written Level Two Notice of Appeal in accordance with GF(LOCAL). Signing an acknowledgment of receipt does not indicate agreement with the decision.

I do not accept the above decision and am referring this dispute to the next level.

Complainant/Representative Signature Date

STAFFORD MUNICIPAL SCHOOL DISTRICT

NOTICE OF APPEAL - LEVEL TWO

Public Complaints/Grievances | Board Policy GF(LOCAL)

DISTRICT RECEIPT AND LEVEL TWO DISPOSITION

Date received:

Received by:

Hearing Date: **Decision date:**

Level Two decision/disposition:

Superintendent/Designee Signature Date

Notice to complainant: If dissatisfied with the Level Two decision, submit a written Level Three Notice of Appeal in accordance with GF(LOCAL). Signing an acknowledgment of receipt does not indicate agreement with the decision.

I do not accept the above decision and am referring this dispute to the next level.

Complainant/Representative Signature Date

NOTICE OF APPEAL - LEVEL THREE

Public Complaints/Grievances | Board Policy GF(LOCAL)

DISTRICT RECEIPT AND BOARD ACTION

Date received: **Received by:**

Board hearing date: **Date notice sent:**