

**DEXTER CONSOLIDATED SCHOOLS
PUBLIC CONCERNS/COMPLAINTS – FACILITIES AND SERVICES
LEVEL I – COMPLAINT FORM**

Please print clearly.

Complainant name _____

Representing _____

Date of presentation _____

School (if appropriate) _____

Prior contacts with site administrator or teacher:

Statement of complaint (use back side if more space is needed):

Action requested:

Retaliation against anyone who reports a complaint/grievance is prohibited. No person(s) shall suffer retaliation, recrimination, discrimination, harassment, or be otherwise adversely affected because of the use of the grievance procedure. Appropriate action will be taken against students, staff, or administration who retaliate against anyone who submits a complaint/grievance to the district.

Signature of Complainant

Date

**DEXTER CONSOLIDATED SCHOOLS
PUBLIC CONCERNS/COMPLAINTS – FACILITIES AND SERVICES
LEVEL II – DECISION OF SUPERINTENDENT**

To be completed by the Superintendent within ten (10) business days. Please print clearly.

Complainant _____

Date of formal presentation _____

Date appeal received by Superintendent _____

Date hearing held by Superintendent (optional) _____

Decision of Superintendent and reasons therefor (use back side if more space is needed)

Signature of Superintendent

Date of decision

.....

Complainant’s response (to be completed by complainant within five (5) business days after the decision):

_____ I accept the above decision of the Superintendent

_____ I hereby appeal to the Board for a review of this complaint (Level III). Complete Level III Final Action – Review by Board.

Retaliation against anyone who reports a complaint/grievance is prohibited. No person(s) shall suffer retaliation, recrimination, discrimination, harassment, or be otherwise adversely affected because of the use of the grievance procedure. Appropriate action will be taken against students, staff, or administration who retaliate against anyone who submits a complaint/grievance to the district.

Signature of Grievant

Date of response

**DEXTER CONSOLIDATED SCHOOLS
PUBLIC CONCERNS/COMPLAINTS – FACILITIES AND SERVICES
LEVEL III (FINAL ACTION) – REVIEW BY BOARD**

Please print clearly.

Complainant _____

Date of formal complaint receipt _____

_____ The attached complaint is hereby appealed to the Board for a review.

Detail reasons for non-acceptance of grievance decisions at Level II and any relief sought (use back if more space is needed):

Date appeal received by Board _____

BOARD RESPONSE—to be completed within thirty (30) business days of review:

_____ The Board affirms the Superintendent’s response.

_____ The Board rejects the Superintendent’s response.

_____ The Board modifies the Superintendent’s response as follows (use back if more space is needed):

Signature of Board President

Date of response