

Humboldt County School District

310 E. 4th STREET, WINNEMUCCA, NEVADA 89445-2831
TELEPHONE (775) 623-8100 FAX (775) 623-8102

DR. DAVID JENSEN
Superintendent

DAWN HAGNESS
Asst. Superintendent

"Every child will graduate; each being prepared and confident to succeed."

Public Complaint Form Process for Addressing Concerns (Instructions for use of the Public Complaint Form)

The Public Complaint Form is made available to parents, educators, and the general public and begins the process of bringing forward concerns. The intent is to resolve the concern as quickly and effectively as possible. The form may be accessed on the District's website at <http://www.hcsdnv.com/parent-forms>. Several copies of this form will be required in order to document progress and ensure timelines are followed.

Should you have questions about the form or the process, please contact the Superintendent's Office at (775) 623-8196.

Because parents, educators, and members of the public share the goal of making school experiences rewarding for children, it is in the best interests of all parties to resolve school-related concerns as quickly and effectively as possible. The best solutions are those which involve input from those closest to the concern; typically, the parents and/or guardian, teacher, and/or principal. As we all have your child's best interests at heart, we appreciate the time you have taken in the completion of this form.

With that in mind, the District has established a process for addressing concerns which provides opportunities for resolution at several levels:

Steps for Reporting of Your Concern:

Level 1: Teacher/Employee

Level 2: Site Principal

Level 3: Humboldt County School District Title IX Director

Level 4: Humboldt County School District Superintendent

Level 1: This level consists of informal discussion between the person having a concern and personnel at the school or location of the concern. Most problems are resolved at this level. Individuals with concerns should bring them to the attention of the employee(s) and/or supervising staff. Timelines for resolution can be mutually established at that time. *It is not necessary to complete this form if the individuals involved are attempting to resolve, or have resolved, a concern at this level.*

Level 2 through 4: Concerns must be put in writing on this form and either mailed or delivered to the appropriate administrator.

The appropriate administrator will acknowledge the complaint of the concerned party within three (3) school days of receiving this form. After the administrator has conducted a thorough investigation, he/she will send a written report to all parties involved containing a recommendation for resolving the issue. Any complaints received at Levels 1, 2, or 3 will be addressed within a ten (10) school day time frame.

If these measures do not produce mutually satisfying results, you may contact the Superintendent's office in order to proceed to Level 4 with the Humboldt County School District Superintendent.

Please make sure you make a copy for the School Site, Site Administrator, HCSD Title IX Director, and for the person filing the concern.

Date Received in District Office: _____

Public Complaint Form

Confidentiality Shall Be Maintained To the Fullest Extent Allowed By Law

Name of parent/guardian/staff

Home Phone

Work Phone

Name of your child/student (if applicable)

School

Date

Mailing Address

City

Zip

Please list/indicate what steps you have already taken to resolve this concern. **If you have not attempted to resolve this issue at Level 1, please do so before using this form.**

I spoke with the teacher/employee. Yes No N/A Date: _____

I spoke/met with the principal/supervisor. Yes No N/A Date: _____

Comments:

Statement of Concern not resolved at Level 1: (Please attach additional information as necessary.)

Desired resolution:

(Additional space as needed:)

Signature of parent/guardian/member of public: _____

Note to Individual Filing Concern: Keep one copy for your reference. Mail or deliver all other copies to the appropriate administrator, or, if not sure, to the HCSD Administrative Office, 310 E. Fourth Street, Winnemucca, NV 89445

DO NOT WRITE BELOW THIS LINE—SCHOOL USE ONLY

Summary of Action (Please attach additional information as necessary.)

Signature of Site Principal: _____ **Date:** _____

Signature of HCSD Title IX: _____ **Date:** _____

Signature of HCSD Superintendent: _____ **Date:** _____