

## STEWART COUNTY BOARD OF EDUCATION COMPLAINT PROCEDURE

The Board hereto acknowledges that it is usually most desirable for a grievance and the immediately involved employee to resolve alleged acts of misconduct through free and informal communication. A request for an informal conference shall be made by the grievant within ten days after an alleged violation has occurred. A conference shall be made within five days after receipt of said notice. If, however the informal process fails, to satisfy the grievant, grievance may be processed as follows:

**Step 1:** Within five days following the informal conference, the grievant shall file a complaint on the form provided by the central office. The grievant should present the complaint in writing to the appropriate contact person. Within twenty days of the receipt of the complaint the contact person shall conduct a hearing regarding the complaint. All parties involved in the complaint shall be given five days notice of the date, time and place of hearing. The parties shall be granted appropriate due process rights as required by law including the right to be represented by counsel, offer testimony, present evidence, cross examine witnesses, and appeal rulings. Within twenty days of the adjournment of the hearing, the contact person shall render a written decision regarding the complaint.

**Step 2:** If the grievant is not satisfied at Step 1, the grievant may refer the complaint to the Director within ten days after receipt of the Step 1 answer. The Director or his designee shall hold a de novo hearing following the same procedures as in the previous hearing.

**Step 3:** If the grievant is not satisfied at Step 2, the grievant may within ten days request a hearing with the school board.



**Discrimination Complaint Form**  
**Title VI, VII, IX and 504**

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please contact Stewart County Board of Education at 232-5176

1. Complainant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number Home: \_\_\_\_\_ Business: \_\_\_\_\_
  
2. Person discriminated against (if someone other than the complainant)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_
  
3. What is the name and location of the institution or agency that you believe discriminated against you?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Telephone Number: (    ) \_\_\_\_\_
  
4. Which of the following best describes the reason you believe that discrimination took place?  
Was it because of:
  - a. Race/Color (specify) \_\_\_\_\_
  - b. National Origin (specify) \_\_\_\_\_
  - c. Sex (specify) \_\_\_\_\_
  - d. Creed (specify) \_\_\_\_\_
  - e. Age (specify) \_\_\_\_\_
  - f. Marital Status (specify) \_\_\_\_\_
  - g. Disability (specify) \_\_\_\_\_
  - h. Religion (specify) \_\_\_\_\_



5. What date did the alleged discrimination take place? \_\_\_\_\_

6. In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible \_\_\_\_\_

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7. Have you tried to resolve this complaint through internal grievance procedures at the institution or agency? ( ) Yes ( ) No

If yes, what is the status of the grievance? \_\_\_\_\_

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Name and title of the person who is handling the grievance procedure.

Name: \_\_\_\_\_

Title: \_\_\_\_\_



8. Have you filed this complaint with any other federal, state, or local agency; or with any federal or state court? ( ) Yes ( ) No

If yes, check all that apply:

- Federal Agency ( )  
Federal Court ( )  
State Agency ( )  
State Court ( )  
Local Agency ( )

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

9. Do you intend to file this complaint with another agency? ( ) Yes ( ) No

If yes, when and where do you plan to file the complaint?

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

10. Has this complaint been filed with this agency before? ( ) Yes ( ) No

If yes, when? Date: \_\_\_\_\_



11. Have you filed any other complaints with this agency? ( ) Yes ( ) No

If yes, when and against whom were they filed?

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Give a brief description of the other complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the status of the other complaint? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please sign below. You may attach any written material or other information that you think is relevant to your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date