

## Complaint Process

- Step 1. The complainant will first attempt to resolve the matter by meeting with the involved staff member(s). If the problem cannot be resolved to the complainant's satisfaction at this meeting, he/she may proceed to Step 2.
- Step 2. The complainant may request to schedule a meeting with the staff member and the staff member's immediate supervisor(s). If the problem cannot be resolved to the complainant's satisfaction at this meeting, he/she may request to proceed to Step 3.
- Step 3. The complainant may file a signed written formal complaint using the district's formal complaint form and file the complaint with the building principal or the staff member's immediate supervisor. The complaint will be evaluated and a written decision will be rendered within five school days after it is received. If the time line is not met or if the problem has not been resolved to the complainant's satisfaction, he/she may request to proceed to Step 4.
- Step 4. The complainant may appeal the decision in Step 3 by submitting the signed written complaint to the superintendent/designee. The superintendent/designee will evaluate the appeal and render a decision to the complainant within five school days after it is received. If the complainant is not satisfied with the decision, he/she may proceed to Step 5.
- Step 5. The complainant may appeal the decision in Step 4 to the board of directors by notifying the superintendent's office no later than the Thursday prior to a regular school board meeting.
- Complaints concerning individual employees may not be accepted unless accompanied by specific documentation.

**Walla Walla Public Schools  
Complaint Form**

**Complainant's Information**

**Complainant's Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Student     Employee     Other (Specify): \_\_\_\_\_

**Place of Work/School:** \_\_\_\_\_ **Title/Grade:** \_\_\_\_\_

**If this complaint is in connection with a disability, please state the nature of your disability:**

\_\_\_\_\_

**Incident Information**

**Name of Accused:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

**Address/Location of Accused:** \_\_\_\_\_

**When did the alleged incident(s) occur?** \_\_\_\_\_

**Where did the alleged incident(s) occur?** \_\_\_\_\_

**Nature of complaint, harassment, discrimination, assault, etc:**

\_\_\_\_\_

**Witness Information**

List any witness (name and address if known) who may have seen or who may know something about the alleged incident:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

Are you aware of others who may have had a similar experience with the individual against whom this complaint is made?     No     Yes (please list)

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Explain in detail the situation that caused you to file this formal complaint. You may use additional pages if necessary.**

**If this complaint is in connection with a Disability, what action are you requesting?**

**Certification:**

**I hereby certify that the information in this complaint is true, correct, and complete to the best of my knowledge.**

\_\_\_\_\_  
**Date Filed**

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

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Received By**