Public Complaint Policy and Procedure

I. Purpose

The purpose of this policy is to provide individuals and groups the opportunity to present violations or misinterpretations of District Policies.

II. General Statement of Policy

A student, parent, non-employee, or community member alleging a violation of a District policy must file a Public Complaint and follow the procedures set forth herein.

III. Definitions

As provided in this Policy, the term “day” or “working day” means business days (Monday through Friday, excluding holidays).

IV. Reporting Procedures

Time periods prescribed in this Policy are strictly enforced. However, parties may mutually agree to extend deadlines so long as the deadline has not already passed. A failure on the part of the individual to meet a time deadline constitutes a waiver and withdrawal of the public complaint.

Employees, students, parents, non-employees, and/or community members are encouraged to informally resolve matters prior to filing a Public Complaint. The District is not responsible for any attorney’s fees incurred by the complainant to resolve or appeal a Public Complaint.

Employees alleging a violation of a District Policy must utilize the grievance procedures provided in the applicable Negotiated or Work Agreement between Rapid City Area School District No. 51-4. However, employees alleging a violation of harassment or discrimination against a co-worker must utilize this Public Complaint Policy and Procedure, as directed by the Public Complaint Coordinator.
Level 1: A student, parent, non-employee, or community member who believes a District Policy has been violated shall fill out and deliver a Public Complaint Form (Exhibit 1) to the Public Complaint Coordinator within five (5) working days of the alleged violation.

Public Complaint (Director of Human Resources)
300 6th Street
Rapid City, SD 57701
Phone: 394-4014

The Public Complaint Coordinator (“Coordinator”), or his/her designee, will be responsible for investigating any complaint submitted under this policy. The Coordinator (or designee) will submit the completed Public Complaint Form to all parties involved within five (5) working days of receiving the Public Complaint Form. The Coordinator (or designee) will commence an investigation within five (5) working days of sending the completed Public Complaint Form to all parties involved. As part of the investigation, the Coordinator (or designee) may hold a meeting at which time all parties and witnesses shall have the opportunity to submit oral or written evidence relevant to the complaint. The Coordinator (or designee) at the meeting may take appropriate steps to attempt to achieve resolution of the matter.

After the investigation has concluded, the Coordinator (or designee) shall complete the Report Form (Exhibit 2). The form will detail the investigation, including any remedial actions taken, and describe a final resolution/outcome. The completed Report Form (Exhibit 2) will constitute the final decision and will be provided to all parties involved.

If the complainant believes the Public Complaint has not been resolved, the decision may be appealed to the Superintendent by delivering a Request for Review (Exhibit 3) to the Superintendent with a copy to the Coordinator (or designee). All appeals must be delivered within five (5) working days of the final decision.

If a Request for Review (Exhibit 3) is filed with the Superintendent, the Coordinator (or designee) will forward the Report Form (Exhibit 2) and all supporting documentation to the Superintendent.

Level 2: If a timely appeal is received by the Superintendent (or designee), the Superintendent (or designee) shall review the Public Complaint Form, Report Form, and any additional documentation considered by the Coordinator. The Superintendent, in his or her sole discretion, may schedule a meeting with the parties at a mutually convenient time or
may conduct an additional investigation if deemed necessary. Unless extended by the Superintendent, a written decision will be issued within twenty (20) working days following receipt of the Request for Review.

If the complainant believes the Public Complaint has not been resolved, the decision may be appealed to the Board of Education by delivering a Request for Review to the Board. The appeal must be filed within five (5) working days following the date of the Superintendent’s (or designee’s) written decision.

**Level 3**: If a timely Request for Review is received by the Board of Education, the Board shall, within twenty (20) working days, schedule a hearing. Once a hearing is scheduled, the Board President or his or her designee shall notify all parties, in writing, of the following:

- Date, time and place of the hearing;
- Parties’ right to call and cross examine witnesses;
- Parties’ right to be represented at the hearing by representative of their choosing at their sole expense; and
- Right of the respondent(s) to provide a written response to the allegations of the complaint.

The Board President shall provide a written decision to all parties involved within ten (10) working days following the hearing. The written decision of the Board shall constitute the final decision of the District.

A Tracking Form (Exhibit 4) will be utilized to track the Public Complaint throughout the Levels of review.
Public Complaint Form (Exhibit 1)

Individuals may file a Public Complaint where the complainant believes that there has been a violation of a Rapid City Area School District Policy. Employees alleging a violation of a District Policy (including a claim of harassment or discrimination) must within five (5) working days of the alleged violation notify in writing the Public Complaint Coordinator and thereafter proceed in accordance with the direction required by the nature of the complaint as determined by the Public Complaint Coordinator.

All complaint forms (other than employee grievances) must be signed by the person originating the complaint. The District will provide copies of the completed form to the party or parties against whom the complaint is lodged. The following Public Complaint Form must be submitted to:

Public Complaint Coordinator (Director of Human Resources)
300 6th Street
Rapid City, SD 57701
Phone: 394-4014

Name: ____________________________________________
Address: __________________________________________
Phone Number(s): _________________________________
Position (student, parent, employee, non-employee or community member): _____________________________

District Policy Violated (refer to specific policy): ________________________________

Explain the Nature of Your Complaint: ____________________________________________

Resolution Desired: ____________________________________________

____________________________________________________

Signature: ____________________________________________
Date: ____________________________________________

*If additional space is needed, please attach additional information to this form. You must include this form when you submit your complaint to the Public Complaint Coordinator.

To be completed by the Public Complaint Coordinator or Designee:

Date Public Complaint Form Received from Complainant: __________
Date Public Complaint Form Submitted to all Parties Involved: __________

Report Form (Exhibit 2)
(To be completed by Investigator)
Name of Parties Involved: ________________________________________________

Brief Description of Complaint: __________________________________________

_______________________________________________________________________

Investigation Procedures (include: date of meeting, evidence presented, names of witnesses, additional information gathered): ____________________________________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Outcome: __________________________________________________________________

Date Complaint Received: _________________________________________________

Date of Assignment: __________________________________________________________________

Assigned To: __________________________________________________________________

Date Report Completed (Final Decision): _________________________________________

Signature of Investigator: _________________________________________________
Request for Review Form (Exhibit 3)

I, _____________________________ (name), request that the __________________ review the Level _______ Public Complaint decision dated ___________________.

Date: __________________________

Signature: _______________________

This form must be delivered to Superintendent or Board of Education (whichever is applicable) within five working days of decision. A copy must also be provided to Public Complaint Coordinator.
Tracking Form (Exhibit 4)

Level 1: Public Complaint Coordinator or Designee

Date Public Complaint Received: ________________________________
Date of Assignment: ________________________________
Assigned To: ________________________________
Date Investigation Commenced: ________________________________
Date Report Completed (Final Decision): ________________________________
Attach Public Complaint Report Form (Exhibit 2)

Is Public Complaint resolved? ______ Yes ______ No

Name ________________________________ Title ________________________________

If timely appealed, the Public Complaint Coordinator must attach the Public Complaint, Written Report, and all other documentation to this tracking form and provide it to the Superintendent.

Level 2: Superintendent or Designee

Date of Request for Review: ________________________________
Date Report received: ________________________________
Date of Assignment (if applicable): ________________________________
Assigned To: ________________________________
Attach Superintendent’s Written Decision

Is Public Complaint resolved? ______ Yes ______ No

Name ________________________________ Title ________________________________

If timely appealed, the Superintendent must attach the Public Complaint, Written Report, Superintendent’s written decision, and all other documentation to this tracking form and provide it to the Board of Education.

Level 3: Board of Education

Date of Request for Review: ________________________________

Attach Written Decision

Name ________________________________ Title ________________________________

(All materials compiled in conjunction with this form will be forwarded to the Office of Human Resources)