



Kansas City, Kansas Public Schools

Formal Complaint Form

The board encourages all complaints regarding the district to be resolved at the lowest possible administrative level. Once a complaint is received in Human Resources, it is reviewed and referred to the appropriate administrator for investigation and possible resolution. For any questions related to the complaint or

*investigation process, please review Board of Education policy, **KN – Complaints**.*

Your Name: _____

ID Number: _____

Position: _____

School/Department: _____

Phone Number: _____

Address: _____

You are:

Witness to alleged misconduct

The complainant (person to whom alleged misconduct occurred)

Name of individual engaging in alleged misconduct: _____

The individual engaging in the alleged misconduct is a:

Student Teacher/Staff Co-Worker Supervisor Other (Specify): _____

Please describe, in as much detail as possible, the specific act(s) alleged. If additional space is needed, you may write on the reverse side of this form, or attach a separate sheet(s).

Location(s) of alleged incident:

Date(s) and approximate time(s) of alleged incident:

Are there others who may have been witness to this, or others who have experienced similar behavior by the individual who engaged in the alleged misconduct? If so, please provide their name(s), indicate if they are a witness or an individual with a similar experience(s), and provide their contact information if known (phone, email, address, etc.).

Did you tell anyone in your school/department about your experience after the alleged incident? Did you tell anyone else outside of your school/department? If so, please provide the name(s) and contact information of whomever you spoke to and when you spoke to them:

Do you have any additional information and/or comments? Use a separate sheet if necessary.

Acknowledgment

A formal complaint should be filed in writing and contain the name and contact information of the person filing the complaint. All employees who witness or are made aware of conduct that could constitute discrimination, harassment or retaliation should immediately report the conduct to their immediate supervisor, the Compliance Coordinator, or the Superintendent. If at any point during the complaint or investigation process an employee has reasonable suspicion that the underlying conduct involved child abuse or neglect, the employee is required to immediately contact the Department for Children and Families (DCF).

Once your formal complaint has been received, it will be reviewed and, if reasonable, an investigator will be assigned to the complaint. District employees and students are required to fully participate in investigations, but in no event will a complainant be subjected to disciplinary action for refusing or failing to participate. Within 30 working days of receiving your formal complaint, the investigator will provide you with written notice of the investigation's closure and determination. The investigator's determination is final, unless a timely appeal is filed.

No later than 20 working days after the investigator has issued you a determination, you may appeal the determination for the following reasons: procedural irregularity that affected the determination, new evidence that was not reasonably available at the time the determination was made, or conflict of interest or bias on behalf of the Compliance Coordinator, investigator, or decision-maker. You must submit your appeal request in writing, notating the reason for your appeal.

Except as necessary to complete a thorough and effective investigation and complaint process under Board of Education policy, **KN – Complaints**, and as required by law, the identity of complainants, respondents, and witnesses, information related to the investigation, evidence gathered, and records created during investigations will be maintained in strict confidence.

The district prohibits retaliation for any individual's participation in the complaint and investigation process. If you feel at any time that you have been retaliated against for your participation in this process, please contact the Compliance Coordinator immediately.

Reporter/Complainant Signature:

Date:

Building or Department Office Use Only

Complaint Received By (please print)

Signature

Date

Human Resources Use Only

Date Complaint Received by Investigations Advisor: _____

Person Submitting Complaint: _____