Grievance/Complaint Report – 3rd Level

This form shall be utilized to provide written documentation of any concern expressed by an SLA family, staff member or volunteer to the Board of Directors to record the follow-up action taken and results thereof. RECEIPT OF GRIEVANCE/COMPLAINT Date Received: (DD/MM/YYYY) _____/___ Individual initiating complaint: SLA Family Staff Member Volunteer Toward: ____SLA Family ____Staff Member ____Volunteer Name: (Please Print) Concern Reported to: 1st _____ Teacher Date: ____/____ in person ___via email ___ phone call Date: _____/______in person ____via email ____ phone call 2nd _____ Director ___in person ___via email 3rd Board * Date: / / *must file an official report Protocol Followed: YES DOCUMENTATION OF GRIEVANCE/COMPLAINT Describe Incident using Factual Terms: (concerns must be written as a first-person account – third party accounts will not be accepted as evidence) Signature: DOCUMENTATION OF BOARD FOLLOW-UP Individual(s) designated to take action on this concern: Date assigned ____/___ Date to be resolved by ____/___ Was a group meeting held? What other action was taken to resolve concern? (be specific) Results of action taken Policy Change? _____Yes _____No Date _____/____/ Board Member: _____ Signature: _____ RESOLUTION OF GRIEVANCE/COMPLAINT Was grievance/complaint resolved? _____Yes, describe resolution ____ No, explain why not Identify the method(s) used to notify the complainant of the resolution: Written notification Phone Conversation One-to-one discussion