

I. STUDENT COMPLAINT FORM

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the appropriate administrator within the time established in policy JII and JII-R. All complaints will be heard in accordance with policy JII and JII-R or any exceptions outlined therein.

Name: _____ Telephone Number: _____

Address: _____

What school do you attend: _____

If you will be represented in voicing your complaint, please identify the person representing you.

Name: _____ Telephone Number: _____

Address: _____

Please describe the decision or circumstances causing your complaint (give specific factual details):

What was the date of the decision or circumstances causing your complaint? _____

Please explain how you have been harmed by this decision or circumstance:

Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts:

With whom did you communicate? _____

On what date? _____

Please describe the outcome or remedy you seek for this complaint.

Complainant Signature: _____

Complainants Representative's Signature: _____

Date of filing: _____

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.

II. ADMINISTRATIVE RESPONSE TO STUDENT COMPLAINT FORM

Date: _____

Name of complainant: _____

Address of complainant: _____

Dear _____,

Having received and considered your complaint on _____ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

_____ For the following reasons, I am unable to provide the remedy you seek:

_____ I will take the following actions to grant the remedy you seek for your complaint:

_____ Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

Administrator Signature: _____ Printed Name: _____

Title: _____

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in policy JII and JII-R. The necessary forms are available at the district office, Montezuma-Cortez School District, 400 N. Elm Street, Cortez, CO 81321 or available on the district's website at <https://www.cortez.k12.co.us/our-district/grievance-process>.

III. STUDENT APPEAL REQUEST BASED ON ADMINISTRATIVE RESPONSE

To appeal an administrative decision, or the lack of a timely response after a complaint submission, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent within the time established in JII and JII-R. Appeals will be heard in accordance with JII and JII-R or any exceptions outlined therein.

Name: _____ Telephone number: _____

Address: _____

School: _____

If you will be represented in voicing your appeal, please identify the person representing you.

Name: _____ Telephone number: _____

Address: _____

How did you submit your original complaint? _____

Date you received a response: _____

Please explain specifically how you disagree with the response:

____ Attach a copy of your original complaint and any additional documentation that was submitted.

____ Attach a copy of the administrator's response being appealed, if applicable.

Complainant signature: _____

Complainants Representative's Signature: _____

Date of filing: _____

IV. RESPONSE TO APPEAL

Date: _____ Name of complainant: _____

Address of complainant: _____

Dear _____:

Having considered the appeal you presented on _____ (date), I have decided on the following response (Superintendent picks one of the three):

_____ I am unable to grant your appeal. I will uphold the decision made by _____ (name) and communicated to you in the District's response.

_____ I wish to grant your appeal and have instructed _____ (name) to find a resolution in keeping with the remedy you seek.

_____ Although I am unable to fully grant your appeal, I have instructed _____ (name) to take the following actions as a partial remedy to your complaint:

Superintendent Signature: _____ Printed Name: _____

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the Board of Education within the time limits set in policy JII and JII-R. The necessary forms are available at the district office, Montezuma-Cortez School District, 400 N. Elm Street, Cortez, CO 81321 or available on the district's website at <https://www.cortez.k12.co.us/our-district/grievance-process>.

V. STUDENT APPEAL REQUEST BASED ON SUPERINTENDENT’S RESPONSE

To appeal the Superintendent's decision to your appeal request, or the lack of a timely response after an appeal is submitted, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the President of the Board of Education within the time established in policy JII and JII-R. Appeals will be heard in accordance with JII and JII-R or any exceptions outlined therein.

Name: _____ Telephone Number: _____

Address: _____

School: _____

If you will be represented in voicing your appeal, please identify the person representing you.

Name: _____ Telephone Number: _____

Address: _____

How did you submit your appeal to the Superintendent? _____

Date you received a response from the Superintendent: _____

Please explain specifically how you disagree with the outcome:

Do you want the Board to hear this appeal in open session? _____ If so, the Board will consider your request; however, you may not have a legal right under the Colorado Open Meetings Law to require a meeting in open session.

- Attach a copy of your original complaint and any additional documentation you had submitted and a copy of your appeal notice submission.
- Attach a copy of both the Administrator’s and Superintendent's responses being appealed, if applicable.

Complainant’s Signature: _____

Complainants Representative’s Signature: _____

Date of filing: _____

VI. BOARD'S RESPONSE TO SECOND APPEAL

Date: _____

Name of Complainant: _____

Address of complainant: _____

Dear _____,

Having heard the presentation of your appeal to the Board of Education, the Board took the following action at its meeting on _____ (date):

[Note: When preparing the letter or announcing the decision at the Board meeting, include only one of the following sentences.]

_____ We have denied the appeal and have upheld the decision made by the Superintendent.

_____ We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

_____ We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

Sincerely,

_____ (Signature)

President of the Board of Education

Adopted: November 28, 2023