

CENTRAL COMMUNITY SCHOOL SYSTEM

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DUE PROCESS FOR PARENT AND STUDENT COMPLAINT AND GRIEVANCE FORM

1. FOR USE BY PARENT OR STUDENT

Name _____ Date _____ Phone (home) _____

Phone (work) _____

Address _____

Complaint _____

Signature _____

2. FOR PRINCIPAL'S RESPONSE (To be completed in 5 school days)

Receipt Date _____ Decision date _____

Name _____ Date _____ School _____

Answer to Complaint _____

Signature _____

3. PARENT OR STUDENT APPEAL TO SUPERINTENDENT (Must be within 5 school days after receipt of response from principal)

Receipt Date _____

I believe the principal's decision is incorrect because _____

Signature _____

Date _____

This form CANNOT be utilized to appeal a student's suspension from a school activity, riding a school bus and/or from school.

4. FOR SUPERINTENDENT (Response must be within 5 school days from receipt)

Receipt Date _____ Decision Date _____

Answer to Complaint _____

Signature _____

5. PARENT OR STUDENT APPEAL TO BOARD (Must be within 5 school days of receipt of Superintendent's reply and must state specific policy of Central Community School Board which was not followed or specific state or federal law which was violated and must be delivered to Superintendent's Administrative Secretary)

Receipt Date _____

I believe the decision of the Superintendent is not correct because the following specific policy of the Central Community School Board was not followed or because the following specific state or federal law was violated: _____

Signature _____

Date _____

6. BOARD DECISION

Receipt Date by Superintendent's Administrative Secretary _____

Decision _____

Date _____

- * The decision of the Superintendent on the complaint shall be final unless the complainant sets forth in an appeal to the school board specific policy of the Central Community School Board which was not followed or a specific state or federal law which was violated.