840 THIRD AVENUE SOUTH, ST. PETERSBURG, FL 33701

FORMAL COMPLAINT AGAINST MYCROSCHOOL PINELLAS PERSONNEL (PAGE 1 OF 2)

	COMPLA	INT DATA		
NAME OF COMPLAINANT	PHONE NUMBER		DATE OF COMPLAINT	
ADDRESS	<u>.</u>	CITY, STATE, ZIP		
COMPLAINT (Record a brief but specific summary of the	complaint. Attach a separa	te signed sheet if necess	ary.)	
I CERTIFY THAT THE ABOVE COMPLAIN	NT IS TRUE AND CO	PRRECT TO THE	BEST OF MY KNOWLEDGE.	
SIGNATURE OF COMPLAINANT		DATE		
	STATEMENT	IN DEDITTA	T	
NAME OF EMPLOYEE	POSITION	IN KEDUTTA	SCHOOL/DEPARTMENT	
RESPONSE (Employee should record a brief but specific r	reply or attach separate sign	ed sheets if necessary.)		
. 1 3		•		
I CERTIFY THAT THE ABOVE COMPLAIN	NT IS TRUE AND CO	PRRECT TO THE	BEST OF MY KNOWLEDGE.	
SIGNATURE OF EMPLOYEE		DATE		

PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC. 840 THIRD AVENUE SOUTH, ST. PETERSBURG, FL 33701

FORMAL COMPLAINT AGAINST MYCROSCHOOL PINELLAS PERSONNEL (PAGE 2 OF 2)

ACTION TAKEN BY EMPLOYE	E'S SUPERVISOR
FINDINGS OF FACT (Attach separate sheet if necessary)	ACTION TAKEN
	COMPLAINT DISMISSED
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
	REFERRED TO NEXT LEVEL
SIGNATURE OF SUPERVISOR DATE	
MYCROSCHOOL PINELLAS' FIN SUMMARY OF FINDINGS	DINGS & ACTIONS
SUMMAKT OF FINDINGS	ACTION TAKEN
	COMPLAINT DISMISSED
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
	REFERRED TO BOARD PRESIDENT OR DESIGNEE
SIGNATURE OF MYCROSCHOOL PINELLAS OFFICE ADMINISTRATOR BOARD OF DIRECTOR	SACTION
DOARD OF DIRECTOR	SACTION
DATE OF MEETING	

840 THIRD AVENUE SOUTH, ST. PETERSBURG, FL 33701

FORMAL COMPLAINT AGAINST MYCROSCHOOL PINELLAS PERSONNEL (PAGE 1 OF 2)

COMPLAINT DATA				
NAME OF COMPLAINANT	PHONE NUMBER		DATE OF COMPLAINT	
ADDRESS		CITY, STATE, ZIP		
COMPLAINT (Record a brief but specific summary of the comp	olaint. Attach a separate	e signed sheet if necessa	ary.)	
	G MIDANE AND GO			
I CERTIFY THAT THE ABOVE COMPLAINT IS	S TRUE AND COL	RRECT TO THE I	BEST OF MY KNOWLEDGE.	
SIGNATURE OF COMPLAINANT		DATE		
SIGNATURE OF COMPLAINANT		DATE		
S	TATEMENT :	IN REBUTTA		
NAME OF EMPLOYEE POS	ITION		SCHOOL/DEPARTMENT	
RESPONSE (Employee should record a brief but specific reply of	or attach separate signed	d sheets if necessary.)		
I CERTIFY THAT THE ABOVE COMPLAINT IS	S TRUE AND CO	RRECT TO THE	BEST OF MY KNOWLEDGE.	
CIONATURE OF PARY OVER				
SIGNATURE OF EMPLOYEE		DATE		

840 THIRD AVENUE SOUTH, ST. PETERSBURG, FL 33701

FORMAL COMPLAINT AGAINST MYCROSCHOOL PINELLAS PERSONNEL (PAGE 2 OF 2)

ACTION TAKEN BY EMPLOYEE'S SUPERVISOR		
FINDINGS OF FACT (Attack separate sheet if necessary)	ACTION TAKEN	
	COMPLAINT DISMISSED	
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR	
	REFERRED TO NEXT LEVEL	
SIGNATURE OF SUPERVISOR DATE		
MYCROSCHOOL PINELLAS' FIX	NDINGS & ACTIONS	
SUMMARY OF FINDINGS	ACTION TAKEN	
	COMPLAINT DISMISSED	
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/	
	SUPERVISOR	
	SUPERVISOR REFERRED TO BOARD PRESIDENT OR DESIGNEE	
	SUPERVISOR	
	SUPERVISOR REFERRED TO BOARD PRESIDENT OR DESIGNEE	
SIGNATURE OF MYCROSCHOOL PINELLAS OFFICE ADMINISTRATOR DATE ROARD OF DIRECTOR	SUPERVISOR REFERRED TO BOARD PRESIDENT OR DESIGNEE	
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	SUPERVISOR REFERRED TO BOARD PRESIDENT OR DESIGNEE	
	SUPERVISOR REFERRED TO BOARD PRESIDENT OR DESIGNEE	
	SUPERVISOR REFERRED TO BOARD PRESIDENT OR DESIGNEE	

DATE OF MEETING

COMPLAINT FORM

If you believe you have been unlawfully treated because of your sex, race, national origin, religion, marital status, age, disability or handicap, or any other basis protected by law, please fill out this form in as completely and timely a manner as possible, and return it to the Board President or designee. If more space is necessary, please continue your comments on the back of this form or attach an additional page.

NAME:		
HOME ADDRESS:		
HOME ADDRESS.		
CITY:	STATE:	ZIP:
TELEPHONE: (WORK)	TELEPHONE: (HOME)	BEST TIME TO CALL:
ARE YOU: MYCROSCHOOL PINELLA		NT FOR EMPLOYMENT
POSITION TYPE:		PPLIED FOR:
WORK LOCATION:		
BASIS FOR COMPLAINT: PLEASE CHECK AS	S APPROPRIATE.	
RACE	AGE	GENDER
COLOR	RELIGION	SEXUAL HARRASSMENT
NATIONAL ORIGIN	DISABILITY OR HANDICAP	OTHER
1. PLEASE EXPLAIN IN DETAIL THE NATU	JRE OF YOUR COMPLAINT. INCLUDE DAT	TES AND NAMES WHENEVER POSSIBLE.
2. WERE THERE ANY WITNESSES? IF SO, WHO	?	
,		
3. ARE THERE ANY OTHER INDIVIDUALS YOU	WANT MYCROSCHOOL PINELLAS TO CONTA	ACT IN REGARD TO YOUR COMPLAINT? IF SO
WHOM DO YOU WISH CONTACTED, AND WE	HY?	
4. WHAT ACTION DO YOU SUGGEST MYCROSO	CHOOL PINELLAS TAKE REGARDING YOUR C	OMPLAINT?
SIGNATURE:	DATE:	

PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC. (MYcroSchool Pinellas) 840 THIRD AVENUE SOUTH, ST. PETERSBURG, FL 33701

COMPLAINTS CONCERNING CATEGORICAL AID PROGRAMS AND SERVICES AND ALLEGATIONS OF DISCRIMINATION IN ALL PROGRAMS AND SERVICES

-- COMPLAINANT DATA--

	PLEASE PRINT CLEARLY	
NAME OF COMPLAINANT	PHONE	DATE OF COMPLAINT
ADDDEGG	CVEDY/OTE A TUE	ZID CODE
ADDRESS	CITY/STATE	ZIP CODE
COMPLAINT (Record a brief but specific sum	mary of the complaint. Attach separate signed sh	eet if necessary)
20101 LAINT (Record a blief but specific suit	mary of the complaint. Attach separate signed sh	cet if necessary.)
		
DAME OF MOLAMON		
DATE OF VIOLATION:(Must be within six months of today's date. If it	not, you will be given information regarding an a	ppeal to the Executive Operations Officer for an
extension of time in which to file the complaint		
	TTHE ADOVE COMDI	A INTO IC TIDLIE
	AT THE ABOVE COMPL	
AND CORRECT	TO THE BEST OF MY I	KNOWLEDGE
SIGNATURE OF COMPLAINANT	D	ATE
Completed complaint forms are to be filed with	the Board President or designee at the MYcroSci	hool Pinellas Administration Office, 840 Third

(SEE REVERSE SIDE FOR UNIFORM COMPLAINT PROCEDURE TIMELINE)

Avenue South, St. Petersburg, FL 33701, Telephone (727) 825-3710.

UNIFORM COMPLAINT PROCEDURES TIMELINES

(Sixty Calendar Days for Resolution – Timeline may be extended by written agreement of complainant)

DAY 1:	Complainant files written complaint with office of the Board President or designee.
	-NO LATER THAN-
DAY 10:	Site administrator conducts investigation
DAY 20:	Site administrator sends written decision to complainant = Complaint resolved
	-OR-
DAY 25:	Complainant appeals decision to Board President or designee
DAY 30:	Board President or a designee arranges mediation or administrative review
DAY 40:	Mediation or administrative review completed = Complaint resolved
	-OR-
DAY 45:	Complainant files appeal to Board of Directors with Board President or designee
DAY 60:	MYcroSchool Pinellas decision sent to complainant = Complaint resolved
	-OR-

DAY 75: Complainant may appeal to Florida Department of Education
Complainant may appeal to United States Secretary of Education

The following complaints shall be referred to the specified agencies for appropriate resolution and are not subject to the local procedures set forth by this form:

- 1. Allegations of child abuse shall be referred to the applicable County Department of Social Services (DSS) Protective Services Division or appropriate law enforcement agency.
- 2. Health and safety complaints regarding a Child Development Program shall be referred to Department of Social Services for licensed facilities, and to appropriate Child Development regional administrator for licensing-exempt facilities.
- 3. Discrimination issues involving Child Nutrition Programs shall be referred to the Administrator of Food and Nutrition Services, U.S. Department of Agriculture.
- 4. Discrimination issues involving Title IX of the Educational Amendments of 1972 shall be referred to the U.S. Office of Civil Rights (OCR).
- 5. Employment discrimination complaints shall be referred to the State Department of Fair Employment and Housing (DFEH) pursuant to Title 22, CR, Section 98410.