

**PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND
TECHNOLOGIES, INC.**

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 complaint. Attach a separate signed sheet if necessary.)

I CERTIFY THAT THE ABOVE COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF COMPLAINANT

DATE

STATEMENT IN REBUTTAL

NAME OF EMPLOYEE	POSITION	SCHOOL/DEPARTMENT
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RESPONSE (Employee should record a brief but specific reply or attach separate signed sheets if necessary.)

I CERTIFY THAT THE ABOVE COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF EMPLOYEE

DATE

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

ACTION TAKEN BY EMPLOYEE'S SUPERVISOR

FINDINGS OF FACT (Attach separate sheet if necessary)

ACTION TAKEN
<input type="checkbox"/> COMPLAINT DISMISSED
<input type="checkbox"/> RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
<input type="checkbox"/> REFERRED TO NEXT LEVEL

SIGNATURE OF SUPERVISOR

DATE

MYCROSCHOOL PINELLAS' FINDINGS & ACTIONS

SUMMARY OF FINDINGS

ACTION TAKEN
<input type="checkbox"/> COMPLAINT DISMISSED
<input type="checkbox"/> RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
<input type="checkbox"/> REFERRED TO BOARD PRESIDENT OR DESIGNEE

SIGNATURE OF MYCROSCHOOL PINELLAS OFFICE ADMINISTRATOR

DATE

BOARD OF DIRECTORS ACTION

DATE OF MEETING

**PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND
TECHNOLOGIES, INC.**

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SIGNATURE OF SUPERVISOR

DATE

MYCROSCHOOL PINELLAS' FINDINGS & ACTIONS

SUMMARY OF FINDINGS

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SIGNATURE OF MYCROSCHOOL PINELLAS OFFICE ADMINISTRATOR

DATE

BOARD OF DIRECTORS ACTION

DATE OF MEETING

PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC.

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:		
CITY:	STATE:	ZIP:
TELEPHONE: (WORK)	TELEPHONE: (HOME)	BEST TIME TO CALL:
ARE YOU: ___ MYCROSCHOOL PINELLAS EMPLOYEE ___ APPLICANT FOR EMPLOYMENT		
POSITION TYPE: _____		POSITION APPLIED FOR: _____
WORK LOCATION: _____		_____
BASIS FOR COMPLAINT: PLEASE CHECK AS APPROPRIATE.		
___ RACE	___ AGE	___ GENDER
___ COLOR	___ RELIGION	___ SEXUAL HARRASSMENT
___ NATIONAL ORIGIN	___ DISABILITY OR HANDICAP	___ OTHER
1. PLEASE EXPLAIN IN DETAIL THE NATURE OF YOUR COMPLAINT. INCLUDE DATES AND NAMES WHENEVER POSSIBLE.		

2. WERE THERE ANY WITNESSES? IF SO, WHO?		

3. ARE THERE ANY OTHER INDIVIDUALS YOU WANT MYCROSCHOOL PINELLAS TO CONTACT IN REGARD TO YOUR COMPLAINT? IF SO, WHOM DO YOU WISH CONTACTED, AND WHY?		

4. WHAT ACTION DO YOU SUGGEST MYCROSCHOOL PINELLAS TAKE REGARDING YOUR COMPLAINT?		

SIGNATURE:		DATE:

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.