

## PARENT AND STUDENT GRIEVANCE FORM A

## SCHOOL LEVEL – Parent or Student's Written Request for a Conference

NOTE: Form to be completed within ten calendar days of the informal discussion with the most immediate and appropriate school staff. The requested conference is to take place within ten calendar days of receipt of the written request.

I request a conference with principal \_\_\_\_\_  
or with department chair \_\_\_\_\_ (if principal-related)

to discuss the following grievance and to seek resolution to the problem.

Student or Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date(s) and place problem occurred: \_\_\_\_\_

What East Carolina University Policy, ECU Lab School Policy, North Carolina, or Federal law has been violated, if known? (ECU Lab School policies and procedures are on the ECU Laboratory Schools' Website) \_\_\_\_\_

Description of problem (You may continue on a second sheet or add attachments if desired.)

With whom did you discuss the matter? \_\_\_\_\_ When? \_\_\_\_\_

What resulted?

What do you think should be done to correct the situation?

\_\_\_\_\_  
Signature of Parent or Student

\_\_\_\_\_  
Date Form Submitted  
To Principal (or Department Chair)

PARENT AND STUDENT GRIEVANCE FORM B

SCHOOL LEVEL – Administrator's Written Response to the Conference

NOTE: Response to be completed within ten calendar days of the conference and submitted to the parent or student with the grievance.

Student or Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Meeting Date/Time: \_\_\_\_\_

Persons Attending: \_\_\_\_\_

\_\_\_\_\_

Statement of Issues:

Administrator's Findings:

Administrator's Decision:

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

## PARENT AND STUDENT GRIEVANCE FORM C

## DEPARTMENT CHAIR/DEAN LEVEL – Parent or Student's Review Request

NOTE: This form, along with copies of School Level Form A and School Level Form B, are to be submitted to the Department Chair, Elementary Education and Middle Grades Education's office within five calendar days of receiving the administrator's decision. If the Department Chair has previously made an administrative finding, this form, along with copies of School Level Form A and School Level Form B, are to be submitted to the Dean of the College of Education's office within five calendar days of receiving the administrator's decision.

Student or Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To the Director of Partnerships: I am not satisfied with the administrator's decision regarding my grievance and request your review of the matter.

Reason for dissatisfaction:

Desired outcome:

Additional comments, if any

\_\_\_\_\_  
Signature of Parent or Student

\_\_\_\_\_  
Date

NOTE: The Department Chair or the Dean shall review the written documents and determine whether or not the issue is grievable. Based on this decision, the Department Chair or the Dean may choose to investigate the grievance further and/or hold a conference with the parent or student and the administrator.

PARENT AND STUDENT GRIEVANCE FORM D

DEPARTMENT CHAIR/DEAN LEVEL

Response to Review Based on the Findings of the  
Department Chair or Dean

NOTE: To be completed within ten calendar days of the closing of the investigation of the grievance.

Student or Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Statement of Issue:

Findings:

Decision:

\_\_\_\_\_  
Signature of Department Chair or Dean

\_\_\_\_\_  
Date

## PARENT AND STUDENT GRIEVANCE FORM E

## ADVISORY BOARD LEVEL – Parent or Student Appeal to the Board

NOTE: This form, along with copies of School Level Form A and B, Department Chair/Dean Forms C and D are to be submitted to the Chair of the Advisory Board within five calendar days of receiving the Department Chair/Dean's decision.

If the petitioner requests a discretionary hearing, the Board shall notify the petition in writing of its decision whether or not to grant a hearing in a timely manner after receiving the request.

If the Board hears an appeal, the hearing will be scheduled within thirty calendar days after the receipt of the request. The hearing panel will provide the appellant a written final decision within fifteen calendar days of hearing the appeal.

Student's or Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Check one of the following:

\_\_\_\_\_ I am petitioning the Advisory Board to consider my grievance.

\_\_\_\_\_ I believe that I have a right to a Board hearing on this matter because the following East Carolina University policy, ECU Laboratory School Advisory Board policy, North Carolina law, or Federal law has been violated: \_\_\_\_\_

Comments, if desired:

\_\_\_\_\_  
Signature of Parent or Student

\_\_\_\_\_  
Date