

Coffey County Special Education Cooperative

Emergency Safety Intervention Formal Complaint Form

The board of directors encourages parents to attempt to resolve issues relating to the use of Emergency Safety Interventions (ESI) informally with the building principal, cooperative administration and/or the superintendent before filing a formal complaint with the board. In the event that the complaint is resolved informally, the administrator must provide a written report of the informal resolution to the special education director and the superintendent of the school district and the parents and retain a copy of the report at the school. The special education director and superintendent will share the informal resolution with their respective board and the superintendent will provide a copy to the state department of education.

If the issues are not resolved informally with the special education director, building principal and/or the superintendent, the parents may submit a formal written complaint to the board of directors by providing a copy of the complaint to the clerk of the board and the special education director within thirty (30) days after the parent is informed of the ESI.

Upon receipt of a formal written complaint, the board president shall assign an investigator to review the complaint and report findings to the board as a whole. Such investigator may be a board member, a school administrator selected by the board, or a board attorney. Such investigator shall be informed of the obligation to maintain confidentiality of student records and shall report the findings and recommended action to the board in executive session.

Any such investigation must be completed within thirty (30) days of receipt of the formal written complaint by the board clerk, the director and superintendent. On or before the 30th day after receipt of the written complaint, the board shall adopt written findings of fact and, if necessary, appropriate corrective action. A copy of the written findings of fact and any corrective action adopted by the board shall only be provided to the parents, the school, and the state department of education. Once such a procedure has been developed, a parent may file a complaint under the state board of education complaint process within thirty (30) days from the date a final decision is issued pursuant to the local dispute resolution process.

Your Name *: _____ Date Form Completed *: _____

Student's Name*: _____ Your Phone Number*: _____

Student's School *: _____ Student's Grade *: _____

Type of Complaint: (Check one or more) ESI Seclusion Restraint

Date the incident was reported to you *: _____

Name of person who reported the incident to you*: _____

Date(s) of attempt(s) to informally resolve issues relating to the use of ESI*: _____

Person with whom you discussed the incident to try to resolve the issues*: _____

Please describe the specific incidents that you feel constitute a misuse of Emergency Safety Interventions.*

What is/are the date/s the incident occurred?*

Please describe the incident including what occurred, when it occurred, and whether there were any witnesses other than you to the event(s). *

Other than the individual(s) you have identified above, is/are there any other person(s) who you feel should be contacted in connection with the investigation of this complaint? If so, please identify the individuals, how to contact them, and what information these individual(s) may have. *

Do you have a proposed resolution to this complaint?

This form will be filed with the Coffey County Special Education Cooperative, Director of Special Education 200 S. 6th Street Burlington, KS 66839, phone number 620-364-5151. Your complaint will be promptly and thoroughly investigated. The investigation will be kept confidential to the extent possible with the Cooperative's need to fully investigate and address the situation. If the investigation verifies that inappropriate action(s) has occurred, appropriate disciplinary action will be taken against the person. If at any time you feel that as a result of your complaint you are being retaliated against, please file an additional complaint using this form or contact the Cooperative's Director.

Please read the above carefully before signing. Your signature below will indicate that this form accurately and completely describes your complaint of harassment.

Signature: _____

Date: _____

(Please print your name here) * _____

* Required Field