

GRAND ISLAND PUBLIC SCHOOLS

8420 STUDENT DUE PROCESS RIGHTS

It is the right and responsibility of both school officials and students to develop a functional and orderly procedure through which consideration of student problems and concerns can be discussed and resolved quickly and equitably.

In all matters of complaints the student shall first consult the member of the school staff most immediately affected. If a timely and agreeable solution is not reached at this level, further appeal may be made to the building level administrator, and hence to the superintendent or appointed representative. It is the goal of the board to resolve student complaints at the organization level in which it occurs.

All students will be afforded due process as guaranteed by constitutional provisions. Complaints involving student suspension, expulsion or mandatory reassignment will follow provisions of the Student Discipline Act. All other student and parent/guardian complaints are to follow the chain of command as outlined in district policies. Rules for student conduct and appeal procedures will also be published in the student handbook.

If the complaint cannot be resolved by a certified employee, the student and parent/guardian may discuss the matter with the principal with in 10 days of the employee's decision. If the matter cannot be resolved the by the principal, the student and parent/guardian may discuss it with the superintendent or designee within 10 days after speaking with the principal.

If the matter is not satisfactorily resolved by the superintendent or designee, the student and parent/guardian may appeal to the Board in writing for appeals dealing with policies, procedures, and instructional programs. Any appeals involving employee issues will be referred to Human Resources for review and recommendations (as necessary) to determine whether district policies and procedures were followed.

Legal Reference: Neb Statute 79-254 to 79-294 et seq (NE Student Discipline Act)

See attached forms

Policy Adopted: 11-3-80
Policy Reviewed: 12-01-97
Policy Revised: 4-12-2011
Policy Revised: 02.17.2020
Policy Revised: 11.12.2020

The Grand Island Public Schools does not discriminate on the basis of sex in any educational program or activity that it operates. The District is required by Title IX (20 U.S.C. § 1681) and 34 CFR Part 106 not to discriminate in such a manner. This requirement not to discriminate also applies to admission and employment. Any inquiries about the application of Title IX may be referred to the District Title IX Coordinator, to the Assistant Secretary of the Office of Civil Rights, or both. The GIPS Board of Education designates the following individuals to serve as GIPS Title IX Coordinators for students and staff and serve as Compliance Coordinator:

Title: Dr. Robin R. Dexter, Associate Superintendent
Coordinator for Student Complaints and Compliance Coordinator
Office address:
Kneale Administration Building, 123 S. Webb Road, Grand Island, NE 68802
Email: rdexter@gips.org
Phone number: 308-385-5900

Title: Mr. Wayne Stelk, Chief of Human Capital Management
Coordinator for Staff Complaints

GRAND ISLAND PUBLIC SCHOOLS

Office address:

Kneale Administration Building, 123 S. Webb Road, Grand Island, NE 68802

Email: wstelk@gips.org

Phone number: 308-385-5900

For information regarding the Grand Island Public Schools procedure for complaints of sexual harassment including the complaint process, how to file a report or a complaint of sexual harassment, how to file a formal complaint of sexual harassment, and how the District will respond to such complaints see Board Policy, 6205 Staff and 8505 Student, located on the GIPS web site.

Student/Parent/Guardian Complaint Form
(Policy 8420 STUDENT DUE PROCESS RIGHTS)

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the principal or appropriate administrator within ten days of the time you knew or should have known of the event or series of events causing the complaint.

1. Name:
Address:

Phone number:
2. Campus:
3. If you will be represented in voicing your appeal, please identify the person representing you.
Name:
Address:

Phone number:
4. Please describe the decision or circumstances causing your complaint (give specific factual details).
5. What was the date of the decision or circumstances causing your complaint?
6. Please explain how you have been harmed by this decision or circumstance.
7. Please describe any efforts you have made to resolve your complaint informally and the response to your efforts.
8. With whom did you communicate?
On what date?
9. Please describe the outcome or remedy you seek for this complaint.

GRAND ISLAND PUBLIC SCHOOLS

Attach to this form any documents you believe will support the complaint: if unavailable when you submit this form, documents may be presented no later than the conference. Please keep a copy of the completed form and any supporting documentation for your records.

Student or parent/guardian signature Date

Signature of student or parent/guardian representative Date

Signature of staff member taking the complaint Date

Notice of Nondiscrimination

The Grand Island Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, religion, age or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Students: Associate Superintendent for Student Services, Kneale Administration Building, 123 South Webb Road, PO Box 4904, Grand Island, NE 68802-4904; 308-385-5900; rdexter@gips.org

Employees and Others: Director of Human Resources, Kneale Administration Building, 123 South Webb Road, PO Box 4904, Grand Island, NE 68802-4904; 308-385-5900; wstelk@gips.org

Complaints or concerns involving discrimination or needs for accommodation or access should be addressed to the appropriate Coordinator. For further information about anti-discrimination laws and regulations, or to file a complaint of discrimination with the Office for Civil Rights in the U.S. Department of Education (OCR), please contact the OCR at Office for Civil Rights, Kansas City Office for Civil Rights, U.S. Department of Education, One Petticoat Lane 1010 Walnut Street, Suite 320 Kansas City, Missouri 64106, (816) 268-0550 (voice), or (877) 521-2172 (telecommunications device for the deaf), or ocr.kansascity@ed.gov.

GRAND ISLAND PUBLIC SCHOOLS

Administrator Response to Parent/Student/Guardian Formal Complaint
(Policy 8420 STUDENT DUE PROCESS RIGHTS)

Date:

Name of complainant:

Address:

Phone number:

Dear _____,

Having considered the complaint we discussed in our conference on _____, I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

1. For the following reasons, I am unable to provide the outcome you seek:
2. I will take the following actions to grant the outcome you seek for your complaint:
3. Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial outcome:

Signature of principal or other appropriate administrator: _____

Date: _____

To appeal this response, you must file a written notice of appeal with the Associate Superintendent within 10 days. A copy of the appeal form is attached to this notice.

GRAND ISLAND PUBLIC SCHOOLS

NOTICE OF APPEAL TO THE BOARD OF EDUCATION
(Policy 8420 STUDENT DUE PROCESS RIGHTS)

To appeal a decision of a district administrator, or the lack of a timely response, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Office of the Superintendent within ten days following the receipt of a response or, if no response, within ten days of the response deadline. Appeals will be heard in accordance with due process rights.

Name of student:

Address:

Phone number:

School:

If you will be represented in voicing your appeal, please identify the person representing you.

Name:

Address:

Phone number:

To whom did you present your appeal at the school level?

Date:

To whom did you present your appeal at the district level?

Date:

Please explain specifically how you disagree with the decision.

Parent/guardian signature: _____

Date of filing the appeal to the GIPS Board of Education: _____