



Hamilton County Schools

3074 Hickory Valley Road

Chattanooga, TN 37421

# Parent Grievance Procedure

(to be completed by parent/guardian and mailed to Chief of Schools Office):

ATTN: Ms. Merideth Adams

## HCDE GRIEVANCE PROCEDURE

If you or your child encounters a specific problem or concern during the school year, the following step(s) should be taken:

Step 1 - Contact your child's teacher or other person with whom the problem was encountered

Step 2 - If the problem was not resolved in Step 1, call or make an appointment with the principal

Step 3 - After talking with the principal, if you feel you need further assistance, contact the Chief of Schools Office at 423-498-7111

**Discriminatory complaints will be forwarded to the Equity Office to the attention of one of the following:**

Dr. Marsha Drake - Race, Ethnicity, Limited English Proficiency, Religion, Etc. (Title VI)

423-498-7022

Karen S. Glenn - Sex, Gender-based, Gender Identity, Etc. (Title IX)

423-498-7221

Gloria Moore - Disability (504)

423-498-7082

## PREVIOUS ATTEMPTS AT RESOLUTION

(Please indicate persons with whom this matter has been discussed)

Date	Teacher's Name	Description of Outcome
_____	_____	_____
_____	_____	_____

Date	Principal's Name	Description of Outcome
_____	_____	_____
_____	_____	_____

**To be completed by parent/guardian.** Please complete this form and submit it to the Chief of Schools Office to register a written complaint regarding a specific problem or concern during the school year.

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

State your complaint. Please describe in your own words. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see happen to resolve this problem/issue? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## To be completed by the Chief of Schools Office or the Equity Office (for discriminatory claims).

Form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

THE SCHOOL LEADERSHIP OFFICE OR EQUITY OFFICE SHALL RESPOND IN WRITING WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS NOTICE

Response: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

☐ Letter to Parent

Date: \_\_\_\_\_

☐ Parent Conference

Date: \_\_\_\_\_

☐ Telephone Call

Date: \_\_\_\_\_ Time: \_\_\_\_\_

A COPY OF THIS COMPLETED FORM WILL BE RETAINED AT EITHER THE CHIEF OF SCHOOLS OFFICE OR THE EQUITY OFFICE