



Racine Unified School District Parent/Customer Complaint Procedure

Parent/Customer complaints should first be discussed directly with the RUSD staff member involved so that they have an opportunity to resolve the problems you bring to their attention. If the problem is a school related matter and discussion with the staff member does not result in a resolution of the problem, parents/customers should contact their school's Assistant Principal and/or Directing Principal. If, after speaking with school administration, the parent/customer still feels a resolution has not been reached, please fill out the Parent/Customer Complaint Form.

If the complaint is an Administrative Service Center (ASC) staff related matter and discussion with the ASC staff member does not result in a resolution of the problem, please contact that staff member's direct supervisor. If, after speaking with the direct supervisor, the parent/customer still feels a resolution has not been reached, please fill out the Parent/Customer Complaint Form.

The Parent/Customer Complaint Form is available to parent/customers to provide an opportunity to register any concerns parents/customers might have about a school district facility, program, employee, policy, or action. These forms are available, on www.rusd.org/district/forms, from any RUSD school or the Office of the Deputy Superintendent.

The following procedure should be followed:

1. Any complaint must be submitted to the school within ten (10) school days after the event in question occurred providing the parent knew or should have known of the event in question. Otherwise, it may, at the discretion of the directing principal, be dropped.
2. The directing principal or administrator will respond in writing to the registered Level I complaint and return it to the parent/customer and a copy to the Deputy Superintendent's Office within five (5) business days.
3. If the parent/customer is satisfied with the directing principal's or administrator's written response, the matter is considered to be resolved.
4. If the parent/customer is not satisfied, please contact the Office of the Deputy Superintendent, 3109 Mt. Pleasant Street, Racine, WI 53404, telephone 631-7067 or 631-7062, to request a Level II response.
5. The Deputy Superintendent or designee will arrange for a time to discuss the matter with the parent/customer within three (3) business days.
6. The Deputy Superintendent or designee will respond in writing to the Level II complaint resolution and return it to the parent/customer.
7. If the results of this discussion and response to the matter are satisfactory, the complaint will be considered resolved.
8. If the parent/customer are still not satisfied that the complaint has been resolved, the Superintendent or designee will arrange for a time to discuss the matter with the parent/customer within three (3) business days.

The Racine Unified School District believes that the use of the Parent/Customer Complaint Form will provide an opportunity for concerns to be dealt with quickly and responsibly so that the educational needs of students can be most effectively served.



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PARENT/CUSTOMER COMPLAINT FORM

Racine Unified School District
3109 Mt. Pleasant Street
Racine, WI 53404
www.rusd.org

Tracking Number _____

Note to the Parent/Customer: Please complete this form **if you have not been able to resolve an issue at the school level working with the directing principal**. Resolution means that the parent has talked with the directing principal and that the principal has had adequate time (a maximum of 5 business days) to investigate and reply to this matter. If a resolution is not achieved at the building level, please forward this form to the address above. Please note that the directing principal will have the opportunity to respond to the formal complaint. You will hear from the appropriate administrator within three (3) business days of receipt of your complaint regarding a timeline for corrective action.

Please Print:

Name of Student _____ Student # _____

School _____ Date Problem Occurred: _____

Name of Person Filing Complaint _____

Relationship to Student _____

Best time to contact you: _____ Phone: _____

Address: _____

Description of Concern: (Describe in your own words the nature of the complaint)

What steps would you like to see taken to resolve this problem?



Please send your form to: Office of the Deputy Superintendent, 3109 Mt. Pleasant Street, Racine, WI 53404. You will be contacted by the appropriate administrator within three working days of the receipt of this complaint.

For RUSD Use Only

Date complaint received by Office of the Deputy Superintendent _____

Tracking number assigned _____ Date complaint forwarded to Principal _____

Date of Principal's Response to Complaint (within 5) working days _____ Issue Resolved? Yes/No
(Attach copy of written response)

If issue not resolved, date appeal received by Office of the Deputy Superintendent _____

Date contact made with parent/customer by Office of the Deputy Superintendent (within 3-working days)

Issue resolved? Yes/No Yes - Date of resolution _____ (Attach copy of written response)
No - Date customer complaint forwarded to Superintendent _____

Date contact made with parent/customer by Superintendent (within 3 working days) _____

Date Resolved _____

This complaint was about (check all that apply)

____ Facility ____ Staff Action ____ Staff Inaction ____ Peer ____ Discrimination

____ Policy ____ Program ____ Communication ____ Service