THIRD-PARTY COMPLAINTS AGAINST EMPLOYEES

Any parent or guardian of a student enrolled in the Dickenson County Public Schools or any resident of Dickenson County may file a complaint regarding an employee of the Dickenson County School Board. Such complaint should be filed with the superintendent or superintendent's designee. If the complaint involves allegations that an employee of the Dickenson County School Board has abused or neglected a child in the course of his employment, the complaint will be investigated in accordance with Va. Code §§ 63.2-1503, 63.2-1505 and 63.2-1516.1.

Information determined to be unfounded after a reasonable administrative review will not be maintained in any employee personnel file, but may be retained in a separate sealed file by the administration if such information alleges civil or criminal offenses. Any dispute over such unfounded information, exclusive of opinions retained in the personnel file, or in a separate sealed file, notwithstanding the provisions of the Government Data Collection and Dissemination Practices Act, Va. Code §§ 2.2-3800 et seq., will be settled through the employee grievance procedure as provided in Va. Code §§ 22.1-306 and 22.1-308 through 22.1-314.

Individuals lodging a complaint will be notified in writing that the complaint has been received and is being investigated.

The complaint should be filed as soon as possible after the alleged incident, usually within 15 school days, and will be processed promptly, usually within 15 days.

Adopted: August 14, 1996 Adopted: September 19, 2001 Adopted: June 29, 2006 Adopted: March 26, 2008 Adopted: May 28, 2008 Revised: June 26, 2013 Revised: April 30, 2014

Legal Ref.:	Code of Virginia, 1950, as amended, §§ 2.2-3800 et seq., 22.1-70, 22.	.1-
	78, 22.1-295.1.	

Cross Refs.:	GB	Equal Employment Opportunity/Nondiscrimination
	GBA/JFHA	Prohibition Against Harassment and Retaliation
	GBL	Personnel Records
	JB	Equal Educational Opportunities/Nondiscrimination
	JHG	Child Abuse and Neglect Reporting

THIRD PARTY COMPLAINT FORM

Employee subject to complaint:

Work location/position:_____

Nature of complaint: (Give specific dates, times and locations)

(Please continue on back, if necessary)

Date complaint filed:_____ Person filing complaint:_____ Address: _____

Phone:

DICKENSON COUNTY PUBLIC SCHOOLS