5301 N.E. 40th TERRACE, GAINESVILLE, FL 32609-1670

FORMAL COMPLAINT AGAINST SIATECH GAINESVILLE PERSONNEL (PAGE 1 OF 2)

	COMPLAI	INT DATA		
NAME OF COMPLAINANT	PHONE NUMBER		DATE OF COMPLAINT	
ADDRESS		CITY, STATE, ZIP		
COMPLAINT (Record a brief but specific summary of the com	plaint. Attach a separate	signed sheet if necessary	y.)	
I CERTIFY THAT THE ABOVE COMPLAINT	IS TRUE AND COL	RRECT TO THE B	EST OF MY KNOWLEDGE.	
SIGNATURE OF COMPLAINANT		DATE		
	~			
	STATEMENT I	IN REBUTTAL		
NAME OF EMPLOYEE POS	SITION		SCHOOL/DEPARTMENT	
RESPONSE (Employee should record a brief but specific reply	or attach separate signed	I sheets if necessary.)		
I CERTIFY THAT THE AROVE COMPLAINT	IS TRUE AND COL	RRECT TO THE R	EST OF MY KNOWLEDGE	
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FLORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES GAINESVILLE, INC. 5301 N.E. $40^{\rm th}$ TERRACE, GAINESVILLE, FL 32609-1670

FORMAL COMPLAINT AGAINST SIATECH GAINESVILLE PERSONNEL (PAGE 2 OF 2)

ACTION TAKEN BY EMPLOYEE'S SUPERVISOR	
FINDINGS OF FACT (Attach separate sheet if necessary)	ACTION TAKEN
	COMPLAINT DISMISSED
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
	REFERRED TO NEXT LEVEL
SIGNATURE OF SUPERVISOR DATE	
SIATECH GAINESVILLE'S FINI	DINGS & ACTIONS
SUMMARY OF FINDINGS	ACTION TAKEN
	COMPLAINT DISMISSED
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/
	SUPERVISOR
	REFERRED TO BOARD PRESIDENT OR DESIGNEE
SIGNATURE OF SIATECH GAINESVILLE OFFICE ADMINISTRATOR DATE	
BOARD OF DIRECTOR	SACTION
DATE OF MEETING	

5301 N.E. 40th TERRACE, GAINESVILLE, FL 32609-1670

FORMAL COMPLAINT AGAINST SIATECH GAINESVILLE PERSONNEL (PAGE 1 OF 2)

COMPLAINT DATA			
NAME OF COMPLAINANT	PHONE NUMBER		DATE OF COMPLAINT
ADDRESS		CITY, STATE, ZIP	
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COMPLAINT (Record a brief but specific summary of the comp	oiaint. Attach a separate	e signed sheet it necessa	ary.)
I CERTIFY THAT THE ABOVE COMPLAINT I	S TRUE AND CO	RRECT TO THE	BEST OF MY KNOWLEDGE.
SIGNATURE OF COMPLAINANT		DATE	
SIGNATURE OF COMPEANVAIVE		DAIL	
\$	TATEMENT 1	IN REBUTTA	L
	ITION		SCHOOL/DEPARTMENT
RESPONSE (Employee should record a brief but specific reply of	or attach separate signed	d sheets if necessary.)	
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I CERTIFY THAT THE ABOVE COMPLAINT I	S TRUE AND CO	RRECT TO THE	REST OF MY KNOWLEDGE
LONG THE THE ADOVE COM LAINI	J IROB AND CO	MLCI IO IIILI	DENI OI MII MIO HEEDUE.
SIGNATURE OF EMPLOYEE		DATE	

 $5301~\text{N.E.}~40^{\text{th}}~\text{TERRACE},~\text{GAINESVILLE},~\text{FL}~32609\text{-}1670$

FORMAL COMPLAINT AGAINST SIATECH GAINESVILLE PERSONNEL (PAGE 2 OF 2)

ACTION TAKEN BY EMPLOYEE'S SUPERVISOR	
FINDINGS OF FACT (Attack separate sheet if necessary)	ACTION TAKEN
	COMPLAINT DISMISSED
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/ SUPERVISOR
	REFERRED TO NEXT LEVEL
SIGNATURE OF SUPERVISOR DATE	
SIATECH GAINESVILLE'S FIN	DINGS & ACTIONS
SUMMARY OF FINDINGS	ACTION TAKEN
	COMPLAINT DISMISSED
	RESOLVED BY EMPLOYEE/SITE ADMINISTRATOR/
	SUPERVISOR
	REFERRED TO BOARD PRESIDENT OR DESIGNEE
SIGNATURE OF SIATECH GAINESVILLE OFFICE ADMINISTRATOR DATE	REFERRED TO BOARD PRESIDENT OR DESIGNEE
SIGNATURE OF SIATECH GAINESVILLE OFFICE ADMINISTRATOR DATE BOARD OF DIRECTOR	REFERRED TO BOARD PRESIDENT OR DESIGNEE
	REFERRED TO BOARD PRESIDENT OR DESIGNEE
	REFERRED TO BOARD PRESIDENT OR DESIGNEE
	REFERRED TO BOARD PRESIDENT OR DESIGNEE

DATE OF MEETING

COMPLAINT FORM

If you believe you have been unlawfully treated because of your sex, race, national origin, religion, marital status, age, disability or handicap, or any other basis protected by law, please fill out this form in as completely and timely a manner as possible, and return it to the Board President or designee. If more space is necessary, please continue your comments on the back of this form or attach an additional page.

NAME:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
	32.	
TELEPHONE: (WORK)	TELEPHONE: (HOME)	BEST TIME TO CALL:
ARE YOU: SIATECH GAINESVILLE E	MPLOYEE APPLICA	ANT FOR EMPLOYMENT
POSITION TYPE:	POSITION APP	LIED FOR:
WORK LOCATION:		
BASIS FOR COMPLAINT: PLEASE CHECK AS		
RACE	AGE	GENDER
COLOR	RELIGION	SEXUAL HARRASSMENT
NATIONAL ORIGIN	DISABILITY OR HANDICAP	OTHER
1. PLEASE EXPLAIN IN DETAIL THE NATU	JRE OF YOUR COMPLAINT. INCLUDE DATES	S AND NAMES WHENEVER POSSIBLE.
2. WERE THERE ANY WITNESSES? IF SO, WHO	.9	
2. WERE HIERE ANT WITNESSES! IF 50, WHO		
3. ARE THERE ANY OTHER INDIVIDUALS YOU WHOM DO YOU WISH CONTACTED, AND WE	WANT SIATECH GAINESVILLE TO CONTACT IN HY?	REGARD TO YOUR COMPLAINT? IF SO,
A WHAT ACTION DO VOU SUCCEST SIATEOU	GAINESVILLE TAKE REGARDING YOUR COMPL	AINT9
4. WHAT ACTION DO TOU SUGGEST STATECH	GAINESVILLE TAKE REGARDING TOUR COMPL	AIN1?
SIGNATURE:	DATE:	

5301 N.E. 40th TERRACE, GAINESVILLE, FL 32609-1670

COMPLAINTS CONCERNING CATEGORICAL AID PROGRAMS AND SERVICES AND ALLEGATIONS OF DISCRIMINATION IN ALL PROGRAMS AND SERVICES

-- COMPLAINANT DATA--

	PLEASE PRINT CLEARLY	
NAME OF COMPLAINANT	PHONE	DATE OF COMPLAINT
ADDRESS	CITY/STATE	ZIP CODE
COMPLAINT (Record a brief but specific summ	mary of the complaint. Attach separate signed she	et if necessary.)
	-	
DATE OF MOLATION		
DATE OF VIOLATION: (Must be within six months of today's date. If r extension of time in which to file the complaint.	not, you will be given information regarding an ap	peal to the Executive Operations Officer for an
extension of time in which to the the complaint.)	
I CERTIFY THA	T THE ABOVE COMPLA	AINT IS TRUE
	TO THE BEST OF MY K	
AND CORRECT	TO THE BEST OF MIT K	MOWLEDGE
SIGNATURE OF COMPLAINANT	DA	NTE
Completed complaint forms are to be filed with	the Board President or designee at the SIATech G	Gainesville Administration Office, 5301 N.E. 40 th

Terrace, Gainesville, FL 32609-1670, Telephone (352) 371-4424.

(SEE REVERSE SIDE FOR UNIFORM COMPLAINT PROCEDURE TIMELINE)

UNIFORM COMPLAINT PROCEDURES TIMELINES

(Sixty Calendar Days for Resolution – Timeline may be extended by written agreement of complainant)

DAY 1:	Complainant files written complaint with office of the Board President or designee.
	-NO LATER THAN-
DAY 10:	Site administrator conducts investigation
DAY 20:	Site administrator sends written decision to complainant = Complaint resolved
	-OR-
DAY 25:	Complainant appeals decision to Board President or designee
DAY 30:	Board President or a designee arranges mediation or administrative review
DAY 40:	Mediation or administrative review completed = Complaint resolved
	-OR-
DAY 45:	Complainant files appeal to Board of Directors with Board President or designee
DAY 60:	SIATech Gainesville decision sent to complainant = Complaint resolved
	-OR-

DAY 75: Complainant may appeal to Florida Department of Education
Complainant may appeal to United States Secretary of Education

The following complaints shall be referred to the specified agencies for appropriate resolution and are not subject to the local procedures set forth by this form:

- 1. Allegations of child abuse shall be referred to the applicable County Department of Social Services (DSS) Protective Services Division or appropriate law enforcement agency.
- 2. Health and safety complaints regarding a Child Development Program shall be referred to Department of Social Services for licensed facilities, and to appropriate Child Development regional administrator for licensing-exempt facilities.
- 3. Discrimination issues involving Child Nutrition Programs shall be referred to the Administrator of Food and Nutrition Services, U.S. Department of Agriculture.
- 4. Discrimination issues involving Title IX of the Educational Amendments of 1972 shall be referred to the U.S. Office of Civil Rights (OCR).
- 5. Employment discrimination complaints shall be referred to the State Department of Fair Employment and Housing (DFEH) pursuant to Title 22, CR, Section 98410.