**AGENDA REQUEST FORM**Chattooga County Board of Education

| Meeting Date  | Agenda Item Number  |  |
|---|---|--|
| July 21, 2022   | C-9   |  |
|   |   |  |
| New Board Exhibit IKBB-E(1): D  | Divisive Concepts Complaint Resolution  |  |
| approve new Board Ext<br>Complaint Resolution I                               | Superintendent's recommendation to hibit IKBB-E(1): Divisive Concepts Process (exhibit will lay with its until the August board meeting, to allow |  |
| SUMMARY EXPLANATION AND BACKGROUND:   |   |  |
| See Attached  |   |  |
| MAJOR SYSTEM PRIORITY: Establishing intern                                    | ationally competitive standards   |  |
| FINANCIAL IMPACT: N/A   |   |  |
| EXHIBITS: (List) See Attached   |   |  |
| BOARD ACTION:   | SOURCE OF ADDITIONAL INFORMATION  |  |
| (For Official School Board Records Only)  OFFICE OF THE SUPERINTENDENT OF SCH | Michelle Helie Chief Academic Officer (706) 857-3447 Name Phone  HOOLS  |  |
| Approved in Open Board Meeting on:  | Date  |  |
| By  | Daw   |  |

School Board Chairman

Initialized: 5/14/07

## Board Policy Manual Chattooga County Schools

## Exhibit IKBB-E(1): Divisive Concepts Complaint Resolution Process

Status: DRAFT

Original Adopted Date: Pending

See PDF on the next page.



## IKBB (1) Divisive Concepts Complaint Resolution Form

I am filing this complaint as a (circle one) Employee, Parent/Guardian, or Student. Print Submitting Person's Full Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_ Email Address: If this Complaint is filed on behalf of a Chattooga County Schools (CCS) student, provide the following: Student's Full Name: \_\_\_\_\_Student's Grade: \_\_\_\_\_ Student's School of Enrollment: Parent/Guardian's Name: \_\_\_\_\_\_\_Parent/Guardian's Phone Number: If this Complaint is filed on behalf of a Chattooga County Schools (CCS) Employee, provide II. Employee's Full Name: \_\_\_\_\_Title: \_\_\_\_\_ Employee's Department or Assigned School: Carefully read and complete each section. 1. Please state the basis of your complaint for divisive concepts in the lines below. In the lined space below, provide the full name of the person(s) who are alleged to have committed the divisive concepts and describe the factual details of your complaint. Be sure to describe the date, time, and location of the concepts, and the identity of all parties involved in the situation. Attach supporting documentation and additional pages, if necessary.

| 2.            | For each person identified in question #1, please state the full name of such a person, the school of enrollment (for students) or the department or position of employment (for employees) if known.  |
|---------------|--|
| 3.            | Please identify any other person(s) who either witnessed the incident that is the basis of your complaint or who you believe may have additional information regarding this matter. State whether the identified person is a student or employee, and provide a telephone number or email address, if known. |
| 4.            | Have you informed any other Chattooga County Schools employee of this complaint? If so, identify all persons with whom you have discussed this matter and approximate dates of your prior discussion(s).   |
| trict<br>esti | the aforementioned is true and correct to the best of my knowledge. I understand that the may need to disclose the identity of parties listed in my complaint to complete a required gation of the allegation(s) of divisive concepts.   |
| ove.          | ing below, I am requesting CCS to investigate the allegations of divisive concepts described ting Person/Complainant's & Parent Guardian Signature   |
| te: _         |  |
| mpla          | aint taken by:   |
| nt Fi         | ull Name: Date:  |