



HORIZON SCIENCE ACADEMY BELMONT

General Grievance/Complaint Procedure

Step I The complaint shall be presented orally or in writing to the principal within ten (10) calendar days after the most recent incident upon which the complaint is based. Any witness or other evidence should be provided at this time. The administrator will conduct an investigation and render a written decision within ten (10) calendar days of the filing of the complaint.

Step II A complainant dissatisfied with the decision of the principal may appeal to the Superintendent of Schools by filing a written request to meet with the Superintendent/the Superintendent's Designee. The complaint should be mailed to:

Superintendent of Horizon Science Academy

5401 South Western Avenue,
Chicago, IL 60609

OR

By Fax at 773-2372726

OR

By email at disli@conceptschoools.org by saving the completed form and attaching it to your email

This request must be filed within ten (10) calendar days after the complainant receives the decision from the principal. The Superintendent/the Superintendent's Designee will render a written decision within ten (10) calendar days after the meeting.

Step III A complainant dissatisfied with the decision of the Superintendent/the Superintendent's Designee may appeal to the Horizon Science Academy Governing Board of Education by filing a written request to the Office of the Superintendent. The appeal must be filed within ten (10) calendar days after the complainant receives the decision from the Superintendent. The Board of Education will hear the complaint at the next scheduled BOE meeting.

Education Director:

2456 N. Mango Ave. Chicago, IL 60639 Tel: 773-2372702 www.hsabelmont.org info@hsabelmont.org

SCHOOL COMPLAINT FORM

In order to address your current concerns as promptly as possible, the Superintendent of Horizon Science Academy requests that you provide the following information.

Your Name (printed): _____

Your Address: _____ City or Town: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Work # (____) _____ Cell # (____) _____ E-Mail: _____

Your Role: _____ 1=Parent; 2=Advocate; 3=AES Assigned Education Surrogate-Parent; 4=Student;
5=School Employee; 6=Other (Specify) _____

Accommodations you will need in communicating with the Superintendent: _____

If your complaint involves a particular student, please identify:

Student or Group Name: _____ Grade/Level: _____ Age: _____ Male/Female: _____

Your language if not English: _____

The local school person to whom a copy of this complaint has been forwarded: _____

The last local school person(s) you have contacted in an effort to resolve this problem: _____

Address _____ Telephone #: (____) _____

Please describe your concern on the attached page, stating the specific facts on which the concern is based. Please attach any documents that you believe would be helpful to the Superintendent of Horizon Science Academy in understanding your concern.

Please be certain to include a description of your attempts to resolve your current concern(s) prior to contacting the Superintendent, and describe specific actions you believe would resolve your concern(s).

[Received in AES: _____]



HORIZON SCIENCE ACADEMY BELMONT

BRIEF STATEMENT OF CURRENT CONCERN(S)

YOUR ATTEMPTS TO RESOLVE CURRENT CONCERN(S)

ACTIONS BY THE SCHOOL YOU BELIEVE WOULD RESOLVE YOUR CONCERN(S)

Have you filed a complaint with any other agencies or units? NO YES

Signature of Parent/Guardian/Student 18 or over: _____

Date: _____