

THIRD-PARTY COMPLAINTS AGAINST EMPLOYEES

Any parent or guardian of a student enrolled in the Albemarle County Public Schools or any resident of Albemarle County may file a complaint regarding an employee of the Albemarle County School Board. Such complaint will be filed with the Superintendent or his/her designee.

If the complaint involves allegations that an employee of the Albemarle County Public Schools has abused or neglected a child in the course of his/her employment, the complaint will be investigated in accordance with Va. Code §§ 63.2-1503, ~~and 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 ~~sent a letter noting~~ that the complaint has been received and is ~~in the process of~~ being investigated.

The complaint must be filed within 30 days after the alleged incident and should be processed after a reasonable period of time, normally within 60 days or less.

Adopted: July 1, 1993
Amended: December 8, 1997; August 9, 2007; August 22, 2013
Reviewed: May 27, 2004

Legal Refs.: Code of Virginia, 1950, as amended, ~~§§Section~~ 2.2-3800 et seq., 22.1-70, 22.1-78, 22.1-295.1

Cross References: GB, *Equal Employment Opportunity/Nondiscrimination*
GBA, *Prohibition Against Harassment and Retaliation*
GBL, *Personnel Records*
JHG, *Child Abuse and Neglect Reporting*

THIRD PARTY COMPLAINT FORM

Please print or type all information. Return completed form to Principal/Department Head.

| Employee subject to complaint:

| Work location/position:

Nature of Complaint (give specific times, dates and locations):

| _____
Date Complaint filed

Name of Person Placing Complaint

Address:

Phone: