

COMPLAINT INVOLVING THE USE OF RESTRAINT OR SECLUSION

Limited Use of Restraint and/or Seclusion

As set forth in Policy 5630.01, the Board of Education is committed to the District-wide use of Positive Behavior Intervention and Supports ("PBIS") with students. Student Personnel are required to work to prevent the need for the use of restraint and/or seclusion. PBIS emphasizes prevention of student behavior problems through the use of non-aversive techniques, which should greatly reduce, if not eliminate, the need to use restraint and/or seclusion.

Professional staff members and support staff determined appropriate by the Superintendent are permitted to physically restrain and/or seclude a student, but only when there is immediate risk of physical harm to the student and/or others, there is no other safe and effective intervention possible, and the physical restraint or seclusion is used in a manner that is age and developmentally appropriate and protects the safety of all children and adults at school.

All restraint and seclusion shall only be done in accordance with Policy 5630.01, which is based on the standards adopted by the State Board of Education regarding the use of student restraint and seclusion.

Complaint Procedure

If a parent/guardian believes that his/her child has been improperly restrained or placed into seclusion in violation of Board Policy 5630.01 and/or Ohio law, the parent/guardian should complete this Form and submit it to the Superintendent. The Superintendent will investigate the complaint and respond in writing to the parent within thirty (30) days of receipt of the complaint.

Student: _____ DOB: _____

Parent: _____

Address: _____

Telephone Number: _____

Email Address: _____

School Attends: _____

Grade: _____

Date of incident involving the use of restraint or seclusion: _____

Did you receive a written report from the District concerning the incident involving the use of restraint or seclusion? Y / N

If yes, what was the date you received the written report? _____

Does Student have an IEP or Section 504 Plan? Y / N

If yes, was the IEP team / Section 504 Team notified of the incident? Y / N

Was there an IEP team / Section 504 team meeting following the incident? Y / N

If yes, what was the date the meeting occurred? _____

Description of incident involving the use of restraint or seclusion:

Identify the staff members involved in the incident and/or who witnessed the incident:

What relief are you requesting?

PARENT/GUARDIAN

DATE

For Office Use Only Date Received: _____	Received By: _____
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RECORD OF INVESTIGATION

Investigation completed by: _____

Brief description of the complaint:

Nature of the Investigation – Records Reviewed:

Nature of the Investigation – Persons Interviewed:

Name: _____ Title: _____ Date of Interview: _____

Description of interview:

Name: _____ Title: _____ Date of Interview: _____

Description of interview:

Name: _____ Title: _____ Date of Interview: _____

Description of interview:

Disposition of the complaint:

SUPERINTENDENT OR DESIGNEE

DATE

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[] * If you are not satisfied with the disposition set forth above, you may request to meet with the Board in executive session to address the situation. Please submit your request in writing to the Treasurer within fourteen (14) calendar days of receiving the Superintendent/designee's disposition.

7/16/13
10/22/14