

EMPLOYEE COMPLAINT FORM

Policy GAE

Check Complaint Level: 1
 2
 3

Name of Complainant: _____

School/Facility/Department: _____

Mailing Address: _____

Home Phone Number: _____ Office or Cell Phone Number: _____

Complaint Made To (Name/Title): _____

Statute, Policy, Rule, or Regulation Involved:

Reference or description of statute, policy, rule, or regulation alleged or have been violated or misapplied:

Facts as to Violation and Effect on Complainant:

- a) Brief statement of allegations describing the date of the occurrence of the most recent incident or matter on which the complaint is based and the violation or misapplication of the statute, policy, rule, or regulation:
- b) Statement as to how the alleged violation or misapplication substantially affects Complainant in the employment relationship:

Statement of Relief Sought by Complainant (attach additional page if needed):

The undersigned employee hereby makes this complaint pursuant to the Policy GAE of the Board of Education and affirms that the facts stated above are true and correct.

Date: _____ Employee Signature: _____

Date Received: _____ Administrator Signature _____