

EMPLOYEE COMPLAINT FORM

**NO. 400.4
Exhibit A**

Name of Person Issuing Complaint: _____

Position: _____

Building: _____

Address: _____

Phone: Residence _____ Work _____

Date Complaint Brought to Attention of Supervisor: _____

Please explain the basis for the complaint. Include pertinent dates and/or persons/witnesses associated with issues of the complaint. Use additional pages as necessary.

Remedy Requested:

Signed _____ Date _____

Response: _____

EMPLOYEE COMPLAINT FORM

**NO. 400.4
Exhibit A cont.**

Signed _____ Date _____

Appealed to: _____

Date Appeal Filed: _____

Signature of Person Filing Complaint: _____

Response: _____

Signed _____ Date _____

(May appeal through superintendent level and then request meeting with Board of Directors).

CROSS REF.:

LEGAL REF.:

Approved: 12/20/02

Reviewed: 04/25/16
09/24/18
08/07/23

Revised: _____