



LEVEL ONE
NOTICE OF COMPLAINT/GRIEVANCE TO ADMINISTRATOR

Any employee filing a complaint must fill out this form completely and submit it by email, hand deliver, fax, or U.S. mail to his or her principal or immediate supervisor within the time established in Board policy GAE. All complaints will be processed in accordance with GAE or any exceptions outlined therein.

1. Name _____

Address _____

Telephone number () _____

2. Position _____ Campus _____

3. If you will be represented in voicing your complaint, please identify the person representing you:

Name: _____

Address: _____

Telephone number: _____

4. Please describe the decision or circumstances causing your complaint (give specific details, continue on reverse side if necessary).

5. What was the date of the decision or circumstance causing your complaint?

6. Please explain how you have been harmed by this decision or circumstance.

7. Please describe any efforts you have made to resolve your complaint informally and the response to your efforts.

8. With whom did you communicate? _____

9. On what date? _____

10. Please describe the outcome or remedy you seek for this complaint.

11. If you are making complaints or charges against any specific individuals, please identify each of those individuals by name:

12. Are you alleging a violation of policy or law? If so, please identify below:

Employee's signature

Date Submitted

Principal's/Supervisor's Signature

Date Received