

Complaint Form

This form is to be completed if the employee is dissatisfied with the outcome at the initial step and wishes to have his/her complaint reviewed at the next level.

Name: _____

- [illegible]

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- _____
- _____
- _____

- (5) Response given by principal or supervisory officer to the employee's complaint:_____
- _____
- _____
- _____

- (6) Relief requested (what I want done in response to this complaint):

The undersigned states: I have a reasonable belief that the facts in this complaint are true and accurate and I give permission for an investigation to be made into this complaint.

Received by: _____ Signature: _____
Date: _____
Page of 1