
(To be completed in triplicate at all stages. When the problem is settled, one copy will be retained by the employee, one copy must be placed in the employee's file, and one copy must be placed in the central complaint file.)

Employee's Name _____

Job Title _____

Work Location _____

Section A	EMPLOYEE'S COMPLAINT	(Time limit for completion — 4 days from day reported to supervisor)
-----------	----------------------	--

Date(s) complaint occurred _____

Complaint (describe the condition needing attention)

Have you tried to discuss this with your supervisor? When? What resulted?

What do you feel should be done to correct the situation?

Signature of employee

Date form submitted to supervisor

Employee's Name _____

Job Title _____

Work Location _____

Section B	DECISION OF SUPERVISOR	(Time limit for completion—4 days after day of meeting)
-----------	------------------------	---

Summary of meeting (time held, persons attending, facts discussed):

Conclusion (action to be taken to change the condition, why, when and by whom):

Reason change is not justified:

Signature of supervisor _____ Date form returned to employee _____

Employee's Name _____

Job Title _____

Work Location _____

Section C

DECISION OF EMPLOYEE

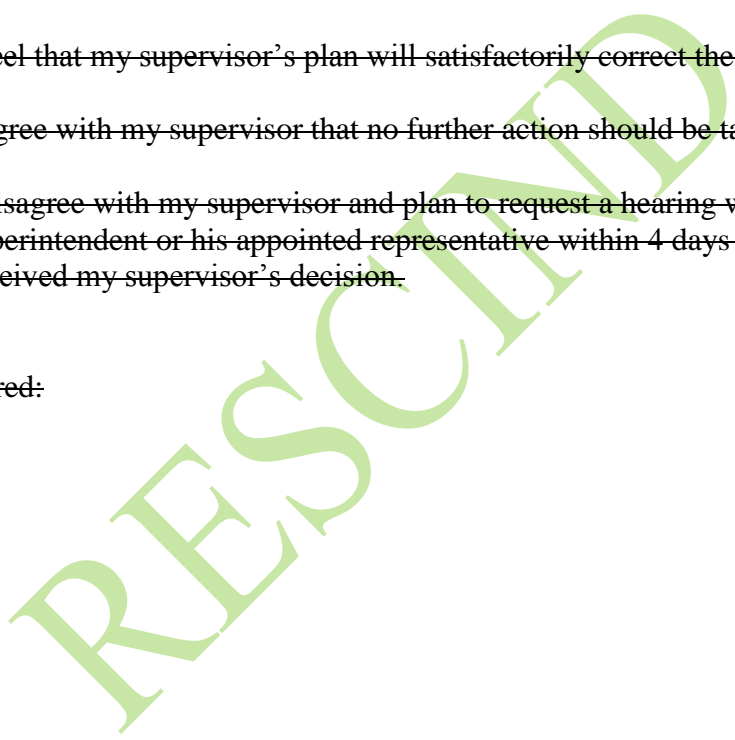
(Check one of the following three choices.
Time limit for completion—4 days after
receipt of supervisor's decision)

_____ I feel that my supervisor's plan will satisfactorily correct the condition.

_____ I agree with my supervisor that no further action should be taken.

_____ I disagree with my supervisor and plan to request a hearing with the
superintendent or his appointed representative within 4 days after the day I
received my supervisor's decision.

Comments if desired:



Signature of employee

Date form returned to supervisor

Employee's Name _____

Job Title _____

Work Location _____

Section D

REQUEST FOR CONFERENCE
WITH SUPERINTENDENT

(Time limit for completion—4 days after
receipt of supervisor's decision)

Brief statement of condition reported as needing attention:

What change, if any, has taken place in this area since reported?

Present status of condition—Improved? Worsened?

What do you feel should be done to correct the condition?

Signature of employee _____

Date form submitted to superintendent _____

Employee's Name _____

Job Title _____

Work Location _____

Section E **DECISION OF SUPERINTENDENT** (Time limit for completion—4 days after date of conference)

Summary of conference (time held, persons attending other than superintendent and employee, if any):

Facts discussed:

Conclusion (action to be taken to change the condition, why, when and by whom):

Reason change is not justified:

Signature of superintendent _____ Date a copy of form returned to employee _____

Employee's Name _____

Job Title _____

Work Location _____

Section F

REQUEST FOR HEARING BY
BOARD OF EDUCATION

(Time limit for completion—4 days after
receipt of superintendent's decision)

Describe the condition which you feel needs attention:

What do you feel should be done to correct the condition?

RESCIND

Signature of employee

Date form submitted

Employee's Name _____

Job Title _____

Work Location _____

Section G

DECISION OF BOARD OF
EDUCATION

(Time limit for completion — 5 days after
date of hearing)

Findings of hearing:

Action to be taken to change the condition, why, when and by whom:

Reason change is not justified:

Signature of person preparing this report

Date copies returned to superintendent and
employee