

SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT

EMPLOYEE GRIEVANCE/COMPLAINT FORM: LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the appropriate administrator within the time established in Board Policy GAEP. All complaints will be heard in accordance with this policy.

1. Name: _____

2. Address: _____

Telephone # () _____ Email address _____

3. Position: _____ Campus/Dept. _____

4. If you will be represented in presenting your complaint, please identify the person representing you.

Please note: If a representative will be participating in person or by telephone, you must provide the District an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: _____

Address: _____

Telephone # () _____ Email address _____

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

6. What was the date of the decision or circumstances causing your complaint?

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

8. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and with whom you communicated regarding your concerns.

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

Employee signature _____

Signature of employee's representative _____

Date of filing _____

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.