



EMPLOYEE COMPLAINT / GRIEVANCE FORM

*To be used by employees to lodge complaints about concerns related to their employment at the school.
This form should be submitted to the employee's supervisor, unless the complaint is against the supervisor, in which case it should be submitted one step up the organizational chart, or to the Personnel Committee of the Governing Board.*

Employee

Employee Name		Date of complaint
Job Title	Employee ID	Supervisor

Complaint Details

Type of complaint			
<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Co-Workers	<input type="checkbox"/> Schedule	<input type="checkbox"/> Supervisor
<input type="checkbox"/> Harassment	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Lack of Resources	<input type="checkbox"/> Lack of Support
<input type="checkbox"/> Other:			
When did this situation start?			
If this complaint is against another individual, who?		What is that person's role?	
Have you discussed this with the other individual	If yes, what were the results? If no, why not?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you discussed this with your supervisor	If yes, what were the results? If no, why not?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			



Provide detailed account of what is occurring, or the reason for this complaint

What steps have been taken to resolve this issue, and what were the results?

How would you like to see this issue resolved?



What policies do you feel are being violated by this situation?	
Who are you submitting this report to?	When was this report given to that person?
Signature of Person submitting Report	Date

Investigation

Individual conduct investigation	Date of investigation
Information regarding findings	
How will this situation be resolved?	
When were the findings shared with the complainant	Is the complaining in agreement with the action plan
Signature of Person investigating report	Date
Signature of complainant	Date

