

Employee Grievance Form - CLASSIFIED

General Information

Name of Complainant: _____

Mailing Address: _____

Telephone Number: _____

Title: _____ Department or School: _____

Complaint Information

Statute, Policy, Rule or Regulation Involved

Reference or description of statute, policy, rule or regulation alleged to have been violated or misapplied:

Facts as to Violation and Effect on Complainant

Statement of Relief Sought by Complainant

Brief statement as to the action or relief requested:

The undersigned employee hereby makes this complaint pursuant to Policy GAE of the Richmond County Board of Education and shows that the facts stated above are true and correct.

Dated this ___ day of _____, 20___, by:

Employee

Received this ___ day of _____, 20___, by:

Administrator