

**BIBB COUNTY SCHOOL DISTRICT  
CERTIFICATED EMPLOYEE COMPLAINT FORM**

GENERAL INFORMATION

Name of Complainant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Department or School: \_\_\_\_\_

COMPLAINT INFORMATION

1. ~~What is the specific action or situation about which you have a complaint? Please describe the specific action or situation that is the focus of your complaint.~~
2. What was the date of the most recent incident upon which your complaint is based?
3. What statute, policy, rule, regulation, or written agreement do you contend has been violated, misinterpreted, or misapplied? (Be Specific)
4. ~~Statement as to~~ Please describe how the alleged violation or misapplication substantially affects ~~Complainant you~~ in the employment relationship. (Be Specific)
5. What relief are you seeking? (Be Specific)

Attach Additional Sheets or Other Documents as Necessary

The undersigned certificated employee hereby makes this complaint pursuant to Policy GAE of the [Board of Education for](#) Bibb County ~~Board of Education~~ and shows that the facts stated above are true and correct.

DATED: \_\_\_\_\_  
Employee

RECEIVED AND FILED: \_\_\_\_\_  
(DATE)

\_\_\_\_\_  
Administrator