

**BIBB COUNTY SCHOOL DISTRICT
COMPLAINT/APPEAL DISPOSITION FORM**

Administrator who heard complaint/appeal

Name: _____

Title: _____

Department or School: _____

Certificated employee who initiated complaint

Name: _____

Title: _____

Department or School: _____

1. Findings of Fact:

a. What are the issues involved in this complaint?

b. Has a violation or misapplication of a statute, policy, rule, regulation, or written agreement occurred? If so, which statute, policy, rule, or regulation?

2. Decision reached:

3. Reasons for decision:

Dated: _____

Administrator