

**BIBB COUNTY SCHOOL DISTRICT
COMPLAINT APPEAL FORM**

Name: _____

Mailing Address: _____

Phone Number: _____ Office Number: _____

Email Address: _____

Title: _____

Department or School: _____

Date of Initial Complaint Filed: _____

1. I wish to appeal the decision of:

Name: _____

Title: _____

2. Reason for appeal. (Be Specific)

3. State relief sought. (Be Specific)

Date: _____

Employee

Received and Filed: _____
(Date)

Central Office Administrator