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. 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. Please describe how the alleged violation or misapplication substantially affects 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 and shows that the facts stated above are true and correct.

DATED: _____ _____

Employee

RECEIVED AND FILED: _____

(DATE)

_____

Administrator