



DEKALB COUNTY SCHOOL DISTRICT
1701 Mountain Industrial Boulevard
Stone Mountain, Georgia 30083-1027

PERSONNEL COMPLAINT FORM

This form is to be used to file Complaints in accordance with GAE(2), GAE(3) and GAEB, or for general stakeholder complaints

Please check applicable categories:

- ☐ ADMINISTRATOR/SUPERVISORY POSITION ☐ CERTIFIED ☐ NON-CERTIFIED/CLASSIFIED EMPLOYEE
- ☐ **INFORMAL RESOLUTION CONFERENCE** – Informal Early Intervention Discussion to resolve workplace disputes. This request must be filed within ten (10) days after the date on which the cause giving rise to the Complaint is known.
- ☐ **LEVEL 1 / FORMAL COMPLAINT** – Presentation of evidence in support of a Complaint, before a Hearing Officer who issues an written decision based upon the evidence presented. This request must be filed within ten (10) days after the date on which the cause giving rise to the Complaint is known.
- ☐ **LEVEL II APPEAL** – Must be filed within ten (10) calendar days of the Level I Hearing Officer's Decision.
- ☐ **LEVEL III APPEAL to the Board of Education** – Must be filed within ten (10) calendar days of the Level II Hearing Officer's Decision. (Please Note: A Level III Appeal is not available to Classified personnel.)
- ☐ UNPROFESSIONAL CONDUCT ☐ HARASSMENT ☐ HOSTILE WORK ENVIRONMENT ☐ BULLYING
- ☐ **SEXUAL HARASSMENT** – Request for an investigation into allegations regarding inappropriate verbal and/or physical contact of a sexual nature.

Employee's Name _____ School or Department _____

Home Address _____ City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Cellular Phone _____ Employee ID# _____

Date of Hire _____ Position/Classification _____

EMPLOYEE'S STATEMENT OF COMPLAINT

1. State the date of the occurrence of the most recent incident or other matter on which the Complaint is based: _____

2. Names(s) and title(s) of charged party or parties: _____

3. Names(s) of witness(es), if any: _____

4. What statute, policy, rule, regulation, or written agreement has been violated, misapplied, or misinterpreted? _____
- _____
- _____
5. Briefly describe the specific facts or events on which the Complaint is based. Explain how such statute, policy, rule, regulation, or written agreement was violated, misapplied, or misinterpreted, and how it affects the employment relationship or the Complainant? Please include names, dates, places, times and other specifics on attached page(s) if needed. _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
6. How are you affected by the alleged violation of your employment? _____
- _____
- _____
7. What relief are you seeking? _____
- _____
- _____

I hereby present the following Complaint to the Office of Internal Affairs. I understand that this Complaint will be reviewed and investigated in accordance with the Superintendent's procedures and the adopted Board of Education's Complaint Resolution Policies.

Employee's Signature

Date

Revised and Issued 07/13/2011