

Employee Complaint

Instructions:

Please print or type. For additional information see *Employee Complaints and Grievances* policy. Call 410-222-5065 for register number.

To be complete	ed by complaina	int			
Register Number	, ,	Name of Complainant			Date of alleged violation
Last four digits of So	ocial Security No.	Policy or regulation violated			
Description _		I			
Remedy requ	uested				
	Signature (of Complainant		Work Location	 Date
Lovel I Dienosi			andiata amagnia		Date
Date received	uon – 10 de com	pleted by principal or imn Initals	nediate superviso	or .	
☐ Granted If denied, give reason (attach sheets if necessary) ☐ Denied			_	Signature, Principal/Immediate Supervisor	Date
Level II Dispos	ition – To be con	npleted by designee			
	enied, give reason (at	tach sheets if necessary)			
□ Denied			_	Signature, Designee	Date
Level III Dispo	sition – To be co	mpleted by designee			
☐ Granted If d☐ Denied	If denied, give reason (attach sheets if necessary)				
				Signature, Designee	Date
Level IV Dispos	sition – To be co	mpleted by Superintender	nt or designee		
Date received		Initals			
☐ Granted If d☐ Denied	enied, give reason (at	tach sheets if necessary)	_	Signature, Superintendent or Designee	 Date
				Signatures, Supermonders of Designe	24.0