



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 completed by complainant

Register Number	Name of Complainant	Date of alleged violation
Last four digits of Social Security No.	Policy or regulation violated	

Description _____

Remedy requested _____

Signature of Complainant

Work Location

Date

Level I Disposition – To be completed by principal or immediate supervisor

Date received	Initials	<p><input type="checkbox"/> Granted If denied, give reason (attach sheets if necessary)</p> <p><input type="checkbox"/> Denied</p> <p>_____</p> <p style="text-align: center;"><i>Signature, Principal/Immediate Supervisor</i> <i>Date</i></p>
<p><input type="checkbox"/> Granted If denied, give reason (attach sheets if necessary)</p> <p><input type="checkbox"/> Denied</p>		

Level II Disposition – To be completed by designee

Date received	Initials	<p>_____</p> <p style="text-align: center;"><i>Signature, Designee</i> <i>Date</i></p>
<p><input type="checkbox"/> Granted If denied, give reason (attach sheets if necessary)</p> <p><input type="checkbox"/> Denied</p>		

Level III Disposition – To be completed by designee

Date received	Initials	<p>_____</p> <p style="text-align: center;"><i>Signature, Designee</i> <i>Date</i></p>
<p><input type="checkbox"/> Granted If denied, give reason (attach sheets if necessary)</p> <p><input type="checkbox"/> Denied</p>		

Level IV Disposition – To be completed by Superintendent or designee

Date received	Initials	<p>_____</p> <p style="text-align: center;"><i>Signature, Superintendent or Designee</i> <i>Date</i></p>
<p><input type="checkbox"/> Granted If denied, give reason (attach sheets if necessary)</p> <p><input type="checkbox"/> Denied</p>		