

Employee Complaint/Comment Form

Name: _____

Job Title: _____

Building (circle): HS MS SS LM HP ROB

1. Please state the date of the event or series of events causing this complain/comment:

2. Please state your complaint/comment:

3. Please provide specific facts to support your complaint/comment in detail *please use the back if you need more space.*

4. Please specify the outcome or remedy you seek:

Employee Signature

Date

Please submit this completed/signed form to the Business Office-Attention District Clerk

Business Office Use Only

Received Signature

Date

No further action required

Further action required

Complaint # _____

Resolution # _____

Employee Complaint/Comment Resolution

Complaint # _____

Resolution # _____

1. Resolution taken:

I am satisfied with this resolution

I am NOT satisfied with this resolution and will be taking further action

Employee Signature

Date

