

**MACON COUNTY BOARD OF EDUCATION  
EMPLOYEE COMPLAINT**

EMPLOYEE NAME \_\_\_\_\_ POSITION \_\_\_\_\_

DATE \_\_\_\_\_ LOCATION/SCHOOL \_\_\_\_\_

NATURE OF COMPLAINT:

\_\_\_\_\_ PHYSICAL ABUSE/ATTACK \_\_\_\_\_ SEXUAL HARRASSMENT

\_\_\_\_\_ SAFETY VIOLATION/RISK \_\_\_\_\_ VERBAL ABUSE

\_\_\_\_\_ OTHER (DESCRIBE) \_\_\_\_\_

I, the above-named employee of the Macon County Board of Education hereby lodge the following complaint:

AGAINST WHOM OR WHAT? \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ OR ONGOING PROBLEM? \_\_\_\_\_

DESCRIBE THE OCCURRENCE OR SITUATION CAUSING THIS COMPLAINT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby certify this information to be correct and true, and I  
(employee signature)

understand that providing any false information is grounds for immediate termination. I also understand that filing a truthful and valid complaint will in no way jeopardize my job. The Macon County Board of Education is committed to protecting and to providing a safe and gratifying work environment for its employees.

DATE COMPLAINT RECEIVED BY FIRST SUPERVISOR \_\_\_\_\_

DATE INVESTIGATION COMPLETED (ATTACH REPORT) \_\_\_\_\_

RESOLUTION \_\_\_\_\_

DATE COMPLAINT RECEIVED BY SECOND SUPERVISOR \_\_\_\_\_

DATE INVESTIGATION COMPLETED (ATTACH REPORT) \_\_\_\_\_

RESOLUTION \_\_\_\_\_

EMPLOYEE: THIS COMPLAINT \_\_\_\_\_ HAS \_\_\_\_\_ HAS NOT BEEN RESOLVED.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_