Lumpkin County School System

Employee Complaint/Grievance Form

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| Employee’s Name: | | Position: |
| Employee’s Address: | | Phone #: |
| School/Department: | Immediate Supervisor: | |
| **Statement of Complaint/Grievance:** The complaint shall be presented in writing to the Employee’s immediate supervisor (Level 1 Administrator). If the complaint is about the immediate supervisor or the employee is displeased with the immediate supervisor’s decision, please submit the complaint to the Human Resources Department (Level 2 Administrator) within 10 days of the most recent incident upon which the complaint is based. Please attach any additional information which may better inform the respondents. | | |
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| **Relief Desired:** Please describe your suggested resolution to this situation. | | |
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| Employee’s Signature: | | Date: |
| Received By: | | Date: |