

Policy No.: 403.05 EI
Adopted: 3/9/2015
Revised:

ELBA PUBLIC SCHOOLS COMPLAINT/GRIEVANCE FORM

Name of Person Making Complaint: _____

Address of Person Making Complaint: _____

Date _____ Date of Action Causing Complaint _____

I request that:

- This Complaint be used as a conveyance of concern only
- This complaint be investigated and action be taken only if deemed necessary by the administration
- Formal charges be brought before the Board

Name of Person(s) Being Complained Against _____

Complaint: _____

(Attach another sheet if necessary)

Supportive Evidence or Witnesses:

(Attach copies of materials if necessary)

In the Event That This Complaint Results in Subsequent Hearing, I:

___ Will Be Willing to Attend These Hearings Will [

___ Not Be Willing to Attend These Hearings

Signature of Person Making Complaint

Date