

# APPENDIX J– WRITTEN COMPLAINT FORM

## Jefferson County Schools

Name of Employee \_\_\_\_\_

School / Work Site \_\_\_\_\_

Work Assignment \_\_\_\_\_

Home Address \_\_\_\_\_  
(Apt. /Street / Box Number) (City) (Zip)

Home Phone \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Association with Complaintee \_\_\_\_\_

Date of Occurrence \_\_\_\_\_

Statement of Complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution Sought \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional items or statements as needed if this space is insufficient.)*

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(Date)

Disposition / decision of Immediate Supervisor, Committee, or Director of Schools \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional items or statements as needed if this space is insufficient.)*

\_\_\_\_\_  
(Signature of Supervisor / Director)

\_\_\_\_\_  
(Date)

1 copy to Immediate Supervisor  
1 copy to Complaintee  
1 copy for Employee Personnel File