

**GWINNETT COUNTY BOARD OF EDUCATION  
EMPLOYEE COMPLAINT FORM  
(LEVEL 1)**

In no instance shall there be more than ten (10) calendar days between the act about which a complaint may be filed and the first written notice of complaint.

**GENERAL INFORMATION**

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

Mailing Address: \_\_\_\_\_

Office/School: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_

Department or School: \_\_\_\_\_

**COMPLAINT INFORMATION**

This Complaint must be presented in person to immediate supervisor.

Date presented: \_\_\_\_\_

Statutes, Policies, Rules, Regulations or Written Agreements Involved.

Reference or describe the statutes, policies, rules, regulations, or written agreements alleged to have been violated or misapplied: (Personnel evaluations, professional development plans, terminations, non renewals, demotions, suspensions, and reprimands are not subject to complaint under the provisions of Procedure GAE.)

**Facts as to Violation and Effect on Complainant**

(a) Date alleged violation or misapplication occurred:

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(b) Brief statement of allegations indicating how, you believe, the violation or misapplication of the statutes, policies, rules, regulations or written agreements occurred:

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(c) Statement as to how the alleged violation or misapplication substantially affects Complainant in the employment relationship:

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**Statement of relief sought by Complaint**

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The undersigned employee hereby makes this complaint pursuant to Policy GAE of the Gwinnett County Board of Education and shows that the facts stated above are true and correct.

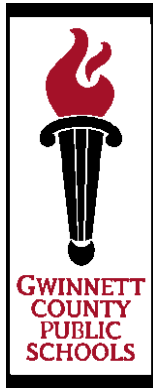
Date:

Employee:

Date Received:

Administrator:

**NOTE:** The Chief Human Resources Officer maintains a complaint file for each school.



**GWINNETT COUNTY BOARD OF EDUCATION**  
**DECISION FORM**  
*(Level 1)*

Date Complaint Received: \_\_\_\_\_ Date Decision Rendered: \_\_\_\_\_

Administrator who heard complaint

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_ Department or School: \_\_\_\_\_

Employee who initiated complaint

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_ Department or School: \_\_\_\_\_

1. Has a violation or misapplication of statutes, policies, rules, regulations or written agreements occurred?

\_\_\_\_\_

If so, which statutes, policies, rules, regulations or written agreements?

\_\_\_\_\_

2. Decision reached:

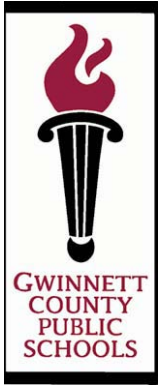
\_\_\_\_\_

3. Basis for decision:

\_\_\_\_\_

Date \_\_\_\_\_ Administrator \_\_\_\_\_

cc: Chief Human Resources Officer



**GWINNETT COUNTY BOARD OF EDUCATION  
COMPLAINT APPEAL FORM  
(LEVEL 2)**

Please attach copy of the complaint and Level 1 decision. Appeal must be received within ten (10) days of date of Level 1 decision.

Employee filing appeal

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_

Department or School: \_\_\_\_\_

Date original complaint filed: \_\_\_\_\_

1. I wish to appeal the decision of:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

2. Reason for appeal:

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

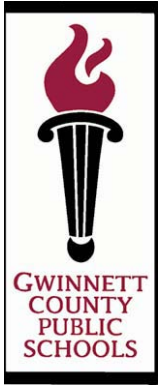
Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Administrator: \_\_\_\_\_

cc: Principal/Supervisor



**GWINNETT COUNTY BOARD OF EDUCATION  
DECISION FORM  
(LEVEL 2)**

Date Appeal Received: \_\_\_\_\_

Date Decision Rendered: \_\_\_\_\_

Presiding Officer who heard appeal

Name:

Title:

Division: **Human Resources**

Department or School: **Human Resources**

1. Has a violation or misapplication of statutes, policies, rules, regulations or written agreements occurred? If so, which statutes, policies, rules, regulations or written agreements?

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2. Decision reached:

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3. Basis for decision:

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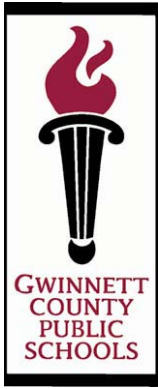
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Date:

Administrator:

cc: Chief Human Resources Officer  
Principal/Supervisor



**GWINNETT COUNTY BOARD OF EDUCATION  
COMPLAINT APPEAL FORM  
(LEVEL 3)**

Appeal must be received within ten (10) days of date of Level 2 decision.

Please attach copy of the complaint, Level 1 decision, Level 2 appeal, and Level 2 decision.

Employee filing appeal

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_

Department or School: \_\_\_\_\_

Date initial complaint was filed: \_\_\_\_\_

1. I wish to appeal the decision of the Chief Human Resources Officer:

2. Reason for appeal:

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

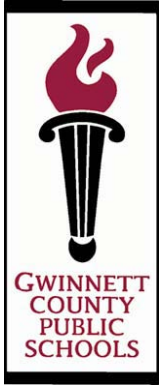
Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Administrator: \_\_\_\_\_

cc: Principal/Supervisor  
Chief Human Resources Officer



**GWINNETT COUNTY BOARD OF EDUCATION  
DECISION FORM  
(LEVEL 3)**

Date Appeal Received: \_\_\_\_\_ Date Decision Rendered: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_ Department or School: \_\_\_\_\_

1. Has a violation or misapplication of statutes, policies, rules, regulations or written agreements occurred? If so, which statutes, policies, rules, regulations or written agreements?

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

2. Decision reached:

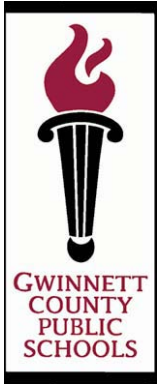
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Basis for decision:

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

Date: \_\_\_\_\_ Superintendent: \_\_\_\_\_

cc: Principal/Supervisor  
Chief Human Resources Officer



**GWINNETT COUNTY BOARD OF EDUCATION  
COMPLAINT APPEAL FORM  
(LEVEL 4)**

Appeal must be received within ten (10) days of receipt of Level 3 decision.

Please attach copy of the complaint, Level 1 decision, Level 2 appeal, Level 2 decision, Level 3 appeal, and Level 3 decision.

Employee filing appeal

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_

Department or School: \_\_\_\_\_

Date i complaint filed: \_\_\_\_\_

1. I wish to appeal the decision of the Superintendent:

2. Reason for appeal:

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

Date: \_\_\_\_\_

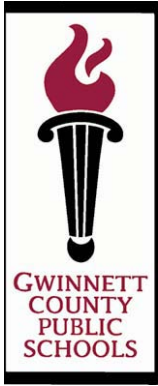
Employee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Chairperson of the Board of Education: \_\_\_\_\_

cc: Superintendent  
Principal/Supervisor  
Chief Human Resources Officer





**GWINNETT COUNTY BOARD OF EDUCATION  
DECISION FORM  
(LEVEL 4)**

Date Appeal Received: \_\_\_\_\_ Date Decision Rendered: \_\_\_\_\_

**Board of Education**

Employee who initiated complaint

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_ Department or School: \_\_\_\_\_

1. Has a violation or misapplication of statutes, policies, rules, regulations or written agreements occurred? If so, which statutes, policies, rules, regulations or written agreements?

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

2. Decision reached:

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

3. Basis for decision:

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

Date Received: \_\_\_\_\_ Chairperson of the Board of Education: \_\_\_\_\_

cc: Principal/Supervisor  
Superintendent  
Chief Human Resources Officer