PRINT RESET FORM

Complaint # _____

MILWAUKEE BOARD OF SCHOOL DIRECTORS

COMPLAINT INITIATION FORM B

(For employees covered by the MPS Employee Handbook)

TO: **Employment Relations** **DATE:** _____

Representative (Select one)

Complainant Name _____ **Representative Name** _____

Complainant Employee ID# _____ **Department/School** _____

Title _____

Home/Cell Phone No. _____ **Email** _____

1. **What is the action or situation about which you have a complaint?**

   Date of incident _____

   Briefly describe the situation:

2. **What do you think should be done about it?**

3. **Names of supervisors and other persons with whom this complaint was discussed:**

5. **Give name and title of your immediate supervisor or principal:**

   Name _____

   Title _____

_____

Complainant Signature

RETURN COMPLETED FORM TO EMPLOYMENT RELATIONS, ROOM 116