



EMPLOYEE COMPLAINT/GRIEVANCE FORM

When completing this form, please be assured that the goal is to efficiently address concerns to safeguard employees' well-being and satisfaction and determine how best to serve our students who attend a DeKalb County School.

Today's Date: _____

Name (First & Last): _____

School or Department Name: _____

Employee ID#: _____ Date of Hire: _____

Position/Classification: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ (type: personal / district)

Phone Number: _____ (type: home / mobile)

*Per Board Policy GAE for Certified and Non-Certified employees, all employees shall have the right to present and resolve complaints/grievances relating to some issues affecting the employment relationship by **first** attempting to address them at **the lowest organizational level possible**. The DeKalb County Board of Education encourages all employees to resolve complaints/grievances informally in a spirit of collegiality whenever possible.*

Mandatory steps taken by you to resolve your issues:

☐ Sought help from an Administrator (School-Based/Departmental Leader) Date: _____

Name of Leader: _____

Outcome of Meeting: _____

☐ Escalated to a Representative from the Manager, Director, Executive Director, or Area Office

Date: _____ Name of Leader: _____

Outcome of Meeting: _____

I hereby present the following Complaint/Grievance. I understand that this Complaint/Grievance will be reviewed and possibly investigated, and by the Superintendent's procedures and the adopted Board of Education's Complaint/Grievance Resolution Policies, it will be remanded to an applicable department for addressing. Referring complaints/grievances aligns with the district's process to ensure that the appropriate leader(s) handle specific issues.

**Submit your Complaint/Grievance form and supporting documents to:
ER_PC@dekalbschoolsga.org.**

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EMPLOYEE'S STATEMENT OF COMPLAINT/GRIEVANCE

☐ **LEVEL I** - Presentation of evidence supporting a Complaint/Grievance before an Administrator selected by the Employee Relations Department, who issues a written decision based on the evidence presented. This request must be filed within **ten (10) calendar days** after the date of the occurrence.

☐ **LEVEL II** - Must be filed within **ten (10) calendar days** after the Level I Decision has been issued.

☐ **LEVEL III** - To the Employee Relations Dept. - Must be filed within **ten (10) calendar days** of the Level II Decision being issued. **This is for certified employees only.**

1. Date of the occurrence of the most recent incident (**within ten (10) calendar days**) that this Complaint/Grievance is based: _____

2. Names(s) and title(s) of charged party or parties: _____

3. Names(s) of witness(es), if any: _____

4. What statute, policy, rule, regulation, or written agreement has been violated, misapplied, or misinterpreted?

5. Briefly describe the facts or events on which the Complaint/Grievance is based. Explain how such **statute, policy, rule, regulation, or written agreement has been violated, misapplied, or misinterpreted**, and how it affects the employment relationship or the Complainant. Please include names, dates, places, times, and other specifics on the attached page(s) if needed.

6. What relief are you seeking?