

### Certified Employee Grievance Form

#### General Information

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

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

#### Complaint Information

##### **Statute, Policy, Rule or Regulation Involved**

Reference or description of statute, policy, rule or regulation alleged to have been violated or misapplied:

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

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

(a) Brief statement of allegations showing the violation or misapplication of the statute, policy, rule or regulation:

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

(b) Brief statement as to how the alleged violation or misapplication affects Complainant in the employment relationship:

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

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**Statement of Relief Sought by Complainant**

Brief statement as to the action or relief requested:

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

Dated this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by:

\_\_\_\_\_  
Employee

Received this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by:

\_\_\_\_\_  
Administrator