

Complaint # _____

MILWAUKEE BOARD OF SCHOOL DIRECTORS

COMPLAINT INITIATION FORM B

(For employees covered by the MPS Employee Handbook)

TO: Employment Relations

DATE: _____

Complainant Name _____

Representative _____

Complainant Employee ID# _____

Representative Name _____

Title _____

Department/School _____

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