

COMPLAINT FORM "C"

Administrative Action on Complaint

(Required to be completed and copied to the claimant and respondent within fourteen working days of receipt of Complaint Form "B")

Employee _____ Position _____

Nature of Complaint:

Employee Response:

Recommendation for Future Action:

- ___ I recommend no record be made or further action be taken.
- ___ I recommend a record be kept but no further action be taken regarding this complaint.
- ___ I recommend the following action be taken (attach sheet if necessary).

Principal/Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

The employee shall affix his/her signature to indicate that he/she is aware of the contents of the report. Such signature does not indicate agreement with the content.

Attachments: _____

