**Madison County School District**

**Complaint Form**

 (Policy Violations)

**Name**: Click or tap here to enter text.

**Worksite**: Click or tap here to enter text.

**Assignment**:\_Click or tap here to enter text.

**Home Address (Street, City, Zip)**: Click or tap here to enter text.

**Grievance filed under Provisions of MCSB Policy (Number/Name):**

 Click or tap here to enter text.

**Date of Alleged Violation**: Click or tap here to enter text.

**Relates to Policies**: Click or tap here to enter text.

**Specific Subparagraphs/Section(s)**: Click or tap here to enter text.

**Statement of Grievance** (Provide as much detail as possible): Click or tap here to enter text.

(Attach additional pages if necessary)

**Relief Sought**: Click or tap here to enter text.

(Attach additional pages if necessary)

**Date***:* Click or tap here to enter text.

Signature of Grievant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 copy to immediate Supervisor

1 copy to Grievant

1 copy to Human Resources

1 copy to Superintendent