

ANTELOPE VALLEY SCHOOLS TRANSPORTATION AGENCY

AR 4033

EMPLOYEE FORMAL COMPLAINT FORM

Date: \_\_\_\_\_

Indicate which policy, regulation, rule or procedure (name and number) has been violated: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time Incident Occurred: \_\_\_\_\_

Staff Involved: \_\_\_\_\_

Other Persons Involved: \_\_\_\_\_

Describe Incident/Complaint/location of the incident (Commence your statement in this page. Attached additional pages, if needed): \_\_\_\_\_

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What have you done to resolve the problem: \_\_\_\_\_

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Resolution Requested: \_\_\_\_\_

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_