

**M.S.D. of Pike Township
HUMAN DIGNITY POLICY
COMPLAINT FORM**

Name of Employee

School or Building

Address of Employee

Home Phone Number

State Problem (use another sheet of paper if necessary) _____

State the policy, guideline, regulation or procedure which has been violated, misinterpreted or misapplied (use another sheet of paper if necessary) _____

State what you would consider to be appropriate relief (use another sheet of paper if necessary)

State what (in your judgment) the administrator has done to provide relief (use another sheet of paper if necessary) _____

State what you have done to correct the problem (use another sheet of paper if necessary)

Other information pertinent to the issue (use another sheet of paper if necessary)

Date filed

Employee signature

Decision of Principal/Supervisor _____

Date of Principal's/Supervisor's Decision

Signature of Principal/Supervisor

Decision of Superintendent/Designee _____

Date of Superintendent's Decision

Signature of Superintendent

Decision of Board of Education _____

Date of Board of Education Decision

Signature of President,
Board of Education