

MONTGOMERY COUNTY PUBLIC SCHOOLS**Administrative Complaint**

Office of Employee Engagement and Labor Relations
MONTGOMERY COUNTY PUBLIC SCHOOLS
850 Hungerford Drive, Room 55, Rockville, Maryland 20850

INSTRUCTIONS: Please print or type. For additional information, definitions, procedures, rights of employee, and timelines for this administrative complaint process, see [MCPS Regulation GKA-RA, Administrative Complaint](#). Contact the Office of Employee Engagement and Labor Relations at 240-740-2888, to obtain the Register Number.

To be completed by Employee (Complainant)

Register number _____ Name of Employee (Complainant) _____

Employee Address _____

Employee E-mail _____

Date of alleged violation ____/____/____ Employee ID No. _____

Administrative regulation violated _____

Description _____

Remedy requested _____

_____/_____/_____
Signature, Complainant Work Location Date

LEVEL ONE: ADMINISTRATIVE DISPOSITION—To be completed by principal or immediate supervisor

Date received ____/____/____ Initials _____

 Granted Denied If denied, give reason _____

_____/_____/_____
Signature, Principal/Immediate Supervisor Date

Reply received by complainant ____/____/____ _____
Date Initials

Copies distributed to parties in interest ____/____/____
Date

LEVEL TWO: ADMINISTRATIVE DISPOSITION—To be completed by associate superintendent/department directorDate received ____/____/____ Initials _____ Granted Denied If denied, give reason _____

Meeting with complainant scheduled for ____/____/____

_____/_____/_____
Signature, Associate Superintendent/Department Director Date

Reply received by complainant ____/____/____ _____
Date Initials

Copies distributed to parties in interest ____/____/____
Date

LEVEL THREE: ADMINISTRATIVE DISPOSITION—To be completed by superintendent of schools/designeeDate received ____/____/____ Initials _____ Granted Denied If denied, give reason _____

Meeting with complainant scheduled for ____/____/____

_____/_____/_____
Signature, Superintendent of Schools/Designee Date

Reply received by complainant ____/____/____ _____
Date Initials

Copies distributed to parties in interest ____/____/____
Date