Administrative Complaint

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

MCPS Form 430-42
July 2017

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 240-314-4899, 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 ____/____/_____ _____ Copies distributed to parties in interest ____/____/_____
Date *Initials* *Date*

LEVEL TWO: ADMINISTRATIVE DISPOSITION—To be completed by associate superintendent/department director

Date received ____/____/_____ Initials_____ ☐ Granted ☐ Denied If denied, give reason_____

_____

Meeting with complainant scheduled for ____/____/_____

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

Reply received by complainant ____/____/_____ _____ Copies distributed to parties in interest ____/____/_____
Date *Initials* *Date*

LEVEL THREE: ADMINISTRATIVE DISPOSITION—To be completed by superintendent of schools/designee

Date received ____/____/_____ Initials_____ ☐ Granted ☐ Denied If denied, give reason_____

_____

Meeting with complainant scheduled for ____/____/_____

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

Reply received by complainant ____/____/_____ _____ Copies distributed to parties in interest ____/____/_____
Date *Initials* *Date*