

**Columbus Municipal School District
Grievance/Complaint Form – Policy GAE**

Complainant's Name: _____ Date Submitted: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Respondent's Name: _____ School/Location: _____

Policy Violated (specify by section or paragraph): _____

Name of person/persons who violated/misapplied policy: _____

Date and Nature of Alleged Violation (attach another piece of paper if necessary):

Names of Any Witnesses:

Requested Action:

(Signature)

(Date)

Note to Complainant: The Grievance/Complaint Form must be completed and submitted to your immediate administrative supervisor within 5 days from the time a complaint becomes known. If the grievance is not satisfactorily resolved, you may within five (5) days of your receipt of the administrative supervisor's written answer, file the grievance with the CMSD Superintendent of Education.