

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): _____

What have you done to resolve the problem: _____

Resolution Requested: _____

Name: _____ Signature: _____

Position: _____

Department: _____