

**THIRD PARTY COMPLAINT FORM**

Employee Subject to Complaint: \_\_\_\_\_

Work Location/Position: \_\_\_\_\_

Nature of Complaint: (Give specific times, dates and locations)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If more space is needed please use an additional sheet of paper.

\_\_\_\_\_

Date Complaint Filed

Person Placing Complaint

Return Form to: Superintendent of Schools  
King George County Public Schools  
P.O. Box 1239  
King George, VA 22485

**THIRD PARTY COMPLAINT FORM**

Employee Name: \_\_\_\_\_

Work Location/Position: \_\_\_\_\_

Person Filing Complaint: \_\_\_\_\_

Date Complaint Filed: \_\_\_\_\_

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Resolution Reached: \_\_\_\_\_ Date: \_\_\_\_\_

Undetermined Resolution: \_\_\_\_\_ Date: \_\_\_\_\_

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My signature acknowledges that I have received a copy of the Third Party Complaint and I have had the opportunity to present my position concerning this matter.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Cc: Personnel File