



行政投訴

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

MCPS表格430-42
2017年7月

說明: 請用正楷填寫或打印。請參見MCPS規章GKA-RA, 行政投訴, 了解更多資訊、定義、程序、員工權利、及這項行政投訴流程的時間表。請致電員工參與和勞動關係辦公室(電話號碼是240-314-4899), 索取登記號。

由員工(投訴人)填寫

登記號 _____ 員工(投訴人)姓名 _____

員工住址 _____

員工電子郵件 _____

違規日期 ____/____/____ 員工ID號 ____

違反的行政規章 _____

說明 _____

要求做出的補救 _____

_____ / ____/____
簽名, 投訴人 工作地點 日期

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 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 ____/____/____ _____
Date Initials

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

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