



# Reclamo Administrativo

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

MCPS Form 430-42  
Julio 2017

**INSTRUCCIONES:** Por favor escriba con letra de imprenta/molde o use un teclado. Para información adicional, definiciones, procedimientos derechos de los empleados y cronologías para este proceso de reclamo administrativo, consulte el [Reglamento GKA-RA de MCPS, Reclamo Administrativo \(MCPS Regulation GKA-RA, Administrative Complaint\)](#). Comuníquese con la Oficina de Participación de los Empleados y Relaciones Laborales (Office of Employment Engagement and Labor Relations), llamando al 240-314-4899, para obtener el Número de Registro.

### Debe Ser Completado por el Empleado/a (Reclamante)

Número de Registro \_\_\_\_\_ Nombre del Empleado/a (Reclamante) \_\_\_\_\_

Domicilio del Empleado/a \_\_\_\_\_

Correo Electrónico del Empleado/a \_\_\_\_\_

Fecha de la presunta violación \_\_\_\_/\_\_\_\_/\_\_\_\_ No. de Empleado/a \_\_\_\_\_

Reglamento administrativo que fue violado \_\_\_\_\_

Descripción \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedio/recurso solicitado \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Firma, Reclamante* *Lugar de Trabajo* *Fecha*

### NIVEL UNO: ADMINISTRATIVE DISPOSITION—To be completed by principal or immediate supervisor (DISPOSICIÓN ADMINISTRATIVA—Debe ser completada por el director/a de la escuela o supervisor/a inmediato/a)

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*

### NIVEL DOS: ADMINISTRATIVE DISPOSITION—To be completed by associate superintendent/department director (DISPOSICIÓN ADMINISTRATIVA—Debe ser completada por el superintendente asociado/a / director/a de departamento)

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*

### NIVEL TRES: ADMINISTRATIVE DISPOSITION—To be completed by superintendent of schools/designee (DISPOSICIÓN ADMINISTRATIVA—Debe ser completada por el superintendente de escuelas/persona designada)

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*