

EDISON TOWNSHIP EDUCATION ASSOCIATION
DURHAM CENTER
2 ETHEL ROAD, SUITE 203A
EDISON, NEW JERSEY 08817

DATE PROBLEM
OCCURRED: _____

DATE OF LEVEL 1
MEETING: _____

INITIAL COMPLAINT FORM

Name _____

School _____

School Phone _____

Home Phone _____

Best to Reach me at: Place _____

Day _____

Time _____

Administrator/Supervisor Involved _____

Faculty Rep _____

F/R Phone _____

State the nature of the complaint in your own way. If applicable, include the date of the occurrence and all pertinent information. (use other side, if necessary). PLEASE ATTACH ALL PERTINENT DOCUMENTS.

What is the basis of the complaint? If possible, cite the contract violation by the article involved. Indicate if it is a violation of policy or an administrative decision that is the complaint.

Does this problem apply only to you? _____ To others? _____

If others are involved, who are they? _____

What remedy would you consider acceptable? _____

Faculty Rep's Signature

Complainant's Signature

Date Submitted