

COMPLAINTS AND GRIEVANCES

DATE OF COMPLAINT: _____.

MLC STAFF MEMBER RECEIVING COMPLAINT: _____.

PERSON / STAFF MEMBER MAKING COMPLAINT: _____.

NATURE OF COMPLAINT:

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Signed: _____ (Complainant) Date: _____.

Signed: _____ (Staff Member) Date: _____.

STAFF MEMBER NOTES

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ACTION PLAN

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FOLLOW UP:

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FILED:

Signed: _____ (Admin Assistant / Director) Date: _____.