



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Talent and Culture

LMER Complaint Form

Please provide the requested information in as much detail as possible. Use additional sheets and/or attachments if necessary. Please return this form and address any questions to dcps.lmer@dc.gov

Your Contact Information

Name: _____

Email Address: _____

Phone Number: _____

Work Location: _____

Supervisor: _____

Details Regarding the Alleged Incident(s)

1. Whose behavior are you complaining about? :

Name	Position Title
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2. Date(s) of Incident(s):

3. Please describe the incident(s) in detail, including all relevant details:

4. List anyone who may have witnessed the incident(s):
Name: _____ Position Title: _____

What did they witness? _____

5. Did you report the incident(s) to anyone? If yes, please provide the following information:

Name: _____ Position Title: _____

Approximate date(s) you reported the incident(s): _____

6. How would you like us to resolve your complaint?

7. Is there anything else we should be aware of?

I understand that, by submitting this form, I am initiating a review of my Complaint by the Office of Labor Management & Employee Relations (LMER). I further understand that I can contact LMER at any time if I feel I am being retaliated against for making this complaint. I understand that making false statements during the course of an investigation can lead to disciplinary action, up to and including termination.

Signature

Date