



Employee Concern & Resolution Process

Employee Relations

Frederick County Public Schools

191 South East Street

Frederick, Maryland 21701

Form # 003-01F

June 2023

Clear Form

INSTRUCTIONS: *Please print or type.* For additional information, definitions, procedures, rights of employee, and timelines for this administrative complaint process, contact the Labor Relations department in Human Resources. After completing this form, please email an electronic copy to HREmployeeRelations@fcps.org. **At no time does engagement in this process suspend the right to file a formal appeal or grievance. This process is designed to bring structured support to informally resolving employee concerns. If you do file a formal appeal or grievance, this informal resolution process stops.** If you have a concern about a violation of the negotiated agreement, please contact your association. Incidents associated with violation of Board Policy (116 Title IX) or Board Policy 309 (Bullying, Harassment or Intimidation) should be filed formally by accessing those [forms online](#). In addition, the Office of the Ombuds is also available as a confidential resource to discuss options. Ombuds@fcps.org

To be completed by employee

Your Name of Employee (Complainant) _____ Employee ID No. _____

Work Location _____ FCPS Email Address _____

Description of Incident(s) or Concern – May attach additional comments or artifacts

Remedy Requested – Identify the resolution you are seeking to address your concern

REGISTRATION: To be completed by labor relations

Log Number Assigned

STEP 1: To be completed by principal or immediate supervisor

Date Received by Reviewer _____ Date of Contact Scheduled with Complainant _____

Meeting Outcome or Identified Next Step

(Please type Name) Principal/Immediate Supervisor

Date

Please submit a copy of this completed form to the complainant and return it to Labor Relations HREmployeeRelations@fcps.org.

If the employee is not satisfied with the outcome, they will be directed to step 2.

STEP 2: To be completed by director or manager (if applicable)

Date Received by Reviewer _____ Date of Contact Scheduled with Complainant _____

Meeting Outcome or Identified Next Step

(Please type name) Signature, Director or Manager

Date

Please submit a copy of this completed form to the complainant and return it to Labor Relations HREmployeeRelations@fcps.org.
If the employee is not satisfied with the outcome, they will be directed to step 3.

STEP 3: To be completed by Director of Human Resources or Designee (if applicable)

Date Received by Reviewer _____ Date of Contact Scheduled with Complainant _____

Meeting Outcome or Identified Next Step

(Please type Name) Director of Human Resources or Designee

Date

Please submit a copy of this completed form to the complainant and return it to Labor Relations HREmployeeRelations@fcps.org.