



CAMDEN EDUCATION ASSOCIATION
"Part of the solution"

Keith Benson, President

840 Cooper Street * Suite 575 * Camden, New Jersey 08102
 Phone (856) 963-0440 * Fax (856) 541-0437 * website: camdenea.org

Inquiry and Complaint Form

Purpose: To help gather and organize facts necessary to properly investigate complaints and/or inquiries submitted by members. Validity of issues are sometimes omitted or misunderstood during a verbal exchange. This form will help to eliminate these errors.

Directions: Complete clearly the following information and **Fax, E-Mail or Deliver** to the Association office.

Fax Number: (856) 541-0437
E-Mail: Lblake@camdenea.org

Address: Bridge View – Suite 106
 840 Cooper Street, Camden, NJ 08102

NAME: _____ **DATE:** _____

SCHOOL/LOCATION: _____ **HIRE DATE:** _____

JOB TITLE/DESCRIPTION: _____

TELEPHONE NUMBER: _____ **PERSONAL E-MAIL:** _____

CELL NUMBER: _____ **BEST TIME TO CONTACT:** _____

SUPERVISOR'S NAME GREIVANCE AGAINST: _____

INQUIRY/COMPLAINT: (Please respond to **Who?–What?–When?–How?** Use another Sheet of paper if necessary.)

MUST INCLUDE ARTICLE AND PAGE # OF THE CONTRACT VIOLATION

Employee Signature: _____