



Hillsborough Classroom Teachers Association
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MEMBER COMPLAINT/CONCERN FORM

This is an internal document.

So that we may provide you with the most productive assistance, use this document as a guide for gathering information before contacting HCTA for assistance. See pages 16-17 for additional information.

NAME: _____ MEMBER? Yes () or No ()

WORK SITE: _____ JOB TITLE: _____

PHONE: _____ EMAIL: _____

TODAY'S DATE: _____ DATE OF INCIDENT: _____

Have you contacted your Principal? Yes () or No ()
Date contacted: _____

Have you contacted your Building Rep? Yes () or No ()
Date contacted: _____

Concern/Issue:

Is this concern a contract violation: Yes () or No ()

If you answered yes to this question, then please explain how your rights were violated.

