



Global Outreach Charter Academy

Employee Concern Form

Date: _____ Time: _____

Employee Name: _____

Phone: _____

Concern:

Follow up (To be completed by HR): _____

Signature of Employee: _____

Signature of HR Rep: _____

Note: If your concern is of a serious illegal, immoral, or unethical nature, reference DCPS Board Policy Chapter 6.98.