CAMDEN EDUCATION ASSOCIATION
"Part of the solution"

Robert Farmer, President

840 Cooper Street * Suite 106 * Camden, New Jersey 08102
Phone (856) 963-0413 * 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

Please Check the following: Member___ Fee Payer___

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 VIOL