Employee Complaints

Employee Complaint Form - Level One To file a formal complaint, please fill out this form completely and submit it by han or U.S. mail to the appropriate administrator within the time established in DBGA complaints will be heard in accordance with DGBA (LEGAL) and (LOCAL) or outlined therein. Name	LOCAL). All Copies to	
	sition	
	sition	_
•	ampus/Department	
Email Email E f you will be represented in voicing your complaint, please identify the person repre	mployee ID:	-
	ldress	-
Telephone Number ()		
Date Concern/Dispute Occurred:		_
2. Please explain how you have been harmed by this decision or circumstance		- -
3. What rule, regulation and/or school board policy has been broken or violated		-
Please describe any efforts you have made to resolve your complaint informally	and the responses to your efforts.	_
		_
With whom did you communicate?	On what date?	
5. Please describe the outcome or remedy you seek for this complaint.		_
		-
Employee signature		_
Signature of employee's representative		
Date of filing		

FOR OFFICE USE ONLY

Date Received by District _____

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be re-filed with all the required information if the refiling is within the designated time for filing a complaint.

Please attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.