

**LOCKHART INDEPENDENT SCHOOL DISTRICT
COMPLAINTS/GRIEVANCE FORM – LEVEL I
(For Directions See Back)**

On the date listed below, a grievance was presented and the results will become a part of campus/district annual record.

Grievances shall be presented at the appropriate level with intent that, whenever feasible, the complaint be resolved at the lowest possible administrative level.

Name Date Submitted

School/Campus Date of Event(s)

Grievance Explanation: (Please be as specific as possible with facts that support the complaint.)

(use reverse side if necessary)

Person(s) Against Whom Complaint Is Filed: _____

Relief Being Requested: _____

(use reverse side if necessary)

Person Presenting Grievance: _____

Signature

Employee Representative: _____
(if applicable) Name Phone Number

I have read the above information: _____

Administrator's Signature
