



LEVEL I COMPLAINT

Any employee filing a complaint must fill out this form and submit it to his or her principal or immediate supervisor. All complaints shall be processed in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Department/Campus: _____
3. Home Phone: _____ Cell Phone: _____
4. If you will be represented, please identify the individual or organization representing you: _____

5. Please state the date of the event or series of events causing the complaint: _____

6. Please state your complaint, including the individual harm alleged: _____

7. Please state specific facts of which you are aware to support your complaint (list in detail): _____

8. Please state the remedy you seek for this complaint: _____

*Attach any documents that support the complaint.

Employee Signature

Date Submitted