



Alvarado I S D



Employee Complaint/Grievance Form – Level I

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

NAME _____

POSITION _____ **DEPARTMENT/CAMPUS** _____

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

Please state your complaint, including the individual harm alleged:

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

Please state the remedy you seek for this complaint:

Employee Signature

Date Submitted