

**San Angelo Independent School District
Employee Grievance Form
Level One**

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level One complaint to the SAISD Human Resources Department, 1621 University Avenue, San Angelo, TX 76904.

1. Employee's Name _____
2. Employee's Position Title _____
3. Campus/Department _____
4. Date of event or action that gave rise to this complaint _____
5. A detailed, factual description of all of circumstances that gave rise to this complaint. Use additional pages if necessary.

6. Explain specifically how you were harmed or injured by the facts you provided in #5.

7. Specifically identify and attach any documents upon which you will rely during the complaint process and explain what those documents will prove. If you do not have these documents at the time you file your complaint, you may provide copies at the Level One conference. However, please identify, to the best of your knowledge, what the documents are and what you believe they prove.

8. Identify the specific policy or policies, constitutional or statutory provision, or administrative regulation(s) that you allege have been misapplied or the specific type of discrimination that you allege was committed. For each, provide the facts that support your allegations.

9. The district strives to resolve all complaints informally or at the lowest possible level. Explain your efforts to informally resolve your complaint including with whom you spoke, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation of why you did not.

10. Identify the remedy you seek for this complaint. What do you want done in response to your complaint?

If you have a representative, provide the following information.

Representative Name _____

Address _____

Phone Number _____

Date Submitted

Employee's Signature