



Level One
Grievance / Complaint Form

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 Assistant superintendent of Human Resources. **PLEASE WRITE LEGIBLY.**

1. Employee Name _____
2. Campus/Location _____
3. Role/Position _____
4. The date of the event or action occurred that resulted in this complaint _____
5. A detailed factual description of all circumstances that gave rise to this complaint. (Use additional pages if necessary.)

6. Explain specifically how you were harmed or injured by the facts that you provided in response to item 5 above.

7. Specifically identify, and attach if possible, any documents upon which you will rely during the grievance process and explain what those documents will prove. (If you do not have these documents at the time you file your grievance, you will be able to provide copies at the Level One conference. However, please identify to the best of your ability what those documents are and what you think they will prove.)

8. Identify the specific policy or policies, constitutional or statutory provision, or administrative regulations 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 wants to have all complaints resolved informally or at the lowest possible level. Explain your efforts to informally resolve your complaint including whom you spoke with, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation as to why not.

10. Identify the remedy you seek for this complaint.

Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any.
