

BRIDGEPORT INDEPENDENT SCHOOL DISTRICT

**LEVEL I**

ALL DOCUMENTS TO BE USED THROUGHOUT THE ENTIRE PROCESS SHOULD BE SUBMITTED WITH THIS FORM.  
INCLUDE ALL REMEDIES SOUGHT. REMEDIES MAY NOT BE AMENDED AT A DIFFERENT LEVEL.

Check one:  
 Parent/Student Complaint (FNG) - to be filed with the principal/supervisor.  
 Employee Grievance (DGBA) - to be filed with the employee's immediate supervisor.  
 Public Complaint (GF) - to be filed with the Central Administration Office.  
Policies are available on line at [www.bridgeportisd.net](http://www.bridgeportisd.net); then click on the Administration link.

**FOR OFFICE USE ONLY**  
Date received by district \_\_\_\_\_  
Received by \_\_\_\_\_  
Copies to \_\_\_\_\_  
\_\_\_\_\_  
Conference to be held by \_\_\_\_\_

**PLEASE PRINT**

1. Name \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

2. Campus/Department \_\_\_\_\_  
If employee, position held: \_\_\_\_\_

3. Please state the date of event or series of events causing the complaint/grievance. Provide description of attempts at informal resolution.  
\_\_\_\_\_  
\_\_\_\_\_

4. Please state your complaint/grievance and supporting facts.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please specify the solutions you are seeking. (These may not be changed at any other level.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please identify the individual(s) responsible for action/inaction resulting in event.  
\_\_\_\_\_  
\_\_\_\_\_

7. If you will be represented in your presentation, please identify that individual or organization.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

8. Signature \_\_\_\_\_ Date \_\_\_\_\_