



EMPLOYEE COMPLAINT STATEMENT FORM



Any employee who wishes to file a complaint must fill out this form completely and email it to the Office of Employee Services. All complaints will be processed in accordance with Board Policy [DGBA\(LEGAL\)](#) and [DGBA\(LOCAL\)](#).

**All starred items are required information. This form must be completed in its entirety. Any complaint that is incomplete in any material aspect may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint.*

*SECTION I

*NAME: _____	*PHONE: _____
*ADDRESS: _____	*POSITION: _____
*CITY: _____	*LOCATION: _____
*STATE: _____	*EMPLOYEE ID: _____
*ZIP: _____	*EMAIL: _____

*SECTION II

**Check the appropriate Level:*

Level I	Level 2 (Appeal of Level 1 Decision)	Level 3 (Appeal of Level 2 Decision)
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*SECTION III

**Complaint against (individual/individuals). Please state the date of the event or series of events causing the complaint.*

**Please state your complaint including the individual harm alleged/caused.*

**Please specify which/each FWISD rule, administrative regulation, Board Policy, procedure, directive, order, or law violated or applied in an inequitable manner.*

**Please state the specific facts (who, what, when, where, why, how, witnesses, ect.) to support your complaint (list in detail)*

**Please state the specific remedy sought.*

***SECTION IV**

**Complete if represented by individual/organization/attorney. Please provide a copy of your complaint to your representative.*

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

CHECK IF YOU ARE SELF-REPRESENTED

***SECTION V**

**Attach additional pages if needed. Also, include a copy of any and all relevant documents pertaining to your complaint. Please specify the total number of pages attached in compliance with this section.*

EMAIL YOUR COMPLETED FORM AND RELEVANT DOCUMENTS TO:
FWISD Office of Employee Services
Emp.Services@fwisd.org

***Employee Signature**

***Date Submitted**

OFFICE USE ONLY
Received in Employee Services

By: _____ Date: _____