

- Complaints, whenever feasible, should be resolved at the lowest possible administrative level prior to submitting a Level One grievance.
- Any employee who wishes to file a grievance under Board Policy **DGBA (LEGAL)** and **DGBA (LOCAL)** must fill out this form completely. Attach additional pages if needed to respond to any of the questions.
- It is imperative that all information be provided at Level One. This information shall serve as the basis of the grievance for all levels of the process.
- This form must be turned in to the employee's principal or immediate supervisor within the timelines provided in **DGBA (LOCAL)**.
- The employee should keep a copy in the event the grievance goes to Level Two and Level Three.
- Any questions about the grievance procedure may be referred to Human Resources.

1. Name: _____

2. Position: _____ Location: _____

3. Please state the date of the event or series of events causing the grievance (must be within 15 work days of the time the employee first knew or should have known of the event or series of events causing the complaint):

4. If you are filing a grievance or charge against any specific individual, please identify each individual by name and title:

5. Please fully state your grievance (specify the individual harm alleged and the practice or procedure which was violated) and all specific facts of which you are aware to support your grievance:

6. Are you alleging a violation of policy or law? Yes No If yes, please identify the specific policy or law:

7. Are you alleging a violation of the whistleblower act? Yes No If so, please identify the report you made and the retaliation you experienced:

8. Are you alleging discrimination or violation of a constitutional right? Yes No If so, please specify the type of discrimination or constitutional violation:

9. Provide identities of all other individuals present or with personal knowledge of the events involved in the grievance and the dates and times of their involvement:

10. Provide dates of all conferences held with the individual against whom the grievance is being made. Identify the attempts to resolve the issues(s) and the result(s) of each conference:

11. Provide copies of all written documentation or identify physical evidence supporting the grievance:

12. Specific remedy requested:

13. If you will be represented by an individual or organization, please identify:

Name: _____ Telephone: _____

Address: _____

E-mail address: _____ Fax: _____

SIGNATURE OF EMPLOYEE

FILING THIS GRIEVANCE: _____ Date: _____

Address: _____

Daytime Phone Number: _____ Alternate Phone Number: _____

E-mail address: _____ Fax: _____

SIGNATURE OF SUPERVISOR

RECEIVING THIS FORM: _____ Date Received: _____

Address: _____

Daytime Phone Number: _____ Alternate Phone Number: _____