

**CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT
EMPLOYEE COMPLAINT FORM: LEVEL ONE**

Any employee filing a complaint must fill out this form completely and turn it in to the employee's principal or immediate supervisor. All complaints will be processed in accordance with DGBA and DGBA (LOCAL). (If additional space is needed, please attach to this document.)

Name: _____

Position & Work Location: _____

Preferred Phone: _____ Preferred Email: _____

Home Address: _____
Number/Street City State Zip Code

1. Please state the date of the event or series of events causing the complaint:

2. Please state your complaint including the individual harm alleged:

3. Please state specific facts of which you are aware to support your complaint (list in detail):

4. Relief(s) Sought:

Signature: _____ Date: _____

District Use Only:

Received by (Name) (Signature) Date Day 10