



**EMPLOYEE COMPLAINT FORM—LEVEL I**

Any employee filing a complaint must fill out this form completely and submit it to his or her principal or immediate supervisor. All complaints will be processed in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name \_\_\_\_\_

Position \_\_\_\_\_ Department/campus \_\_\_\_\_

Please state the date of the event of series of events causing the complaint:

Please state your complaint, including the individual harm alleged:

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

Please state the remedy you seek for this complaint:

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date submitted

**\* Employee will be given a 30 minute uninterrupted time limit to present their Level I complaint to campus administration.**



**SUPERVISOR/ADMINISTRATOR REPORT OF LEVEL I CONFERENCE**

Complainant's Name \_\_\_\_\_

Position \_\_\_\_\_ Department/campus \_\_\_\_\_

Date and time of conference \_\_\_\_\_

Set forth the facts as presented by the complainant:

In your opinion, were the allegations made in the original complaint adequately supported by the facts submitted?       Yes       No

Please explain:

In your opinion, is the remedy sought by the complainant justified by the facts submitted?       Yes       No

Please explain:

What decisions were made or recommendations agreed upon as a result of the conference?

\_\_\_\_\_  
Supervisor/Administrator signature

\_\_\_\_\_  
Date

Attach a copy of the complainant's original written complaint and a copy of the written response given to the employee before submitting to the Superintendent.

Received by:

\_\_\_\_\_  
Superintendent signature

\_\_\_\_\_  
Date