



**LEVEL ONE
NOTICE OF COMPLAINT/GRIEVANCE TO ADMINISTRATOR**

Any employee filing a complaint must fill out this form completely and submit it by hand deliver, fax, or U.S. mail to his or her principal or immediate supervisor within the time established in DGBA(LOCAL). All complaints will be processed in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

Address _____

Telephone number _____

2. Position _____ Campus _____

3. If you will be represented in voicing your complaint, please identify the person representing you:

Name: _____

Address: _____

Telephone number: _____

4. Please describe the decision or circumstances causing your complaint (give specific details, continue on reverse side if necessary).

5. What was the date of the decision or circumstance causing your complaint?

6. Please explain how you have been harmed by this decision or circumstance.



HUMAN RESOURCES

7. Please describe any efforts you have made to resolve your complaint informally and the response to your efforts.

8. With whom did you communicate? _____

9. On what date? _____

10. Please describe the outcome or remedy you seek for this complaint.

11. If you are making complaints or charges against any specific individuals, please identify each of those individuals by name:

12. Are you alleging a violation of the Texas Whistleblower Act?

Yes _____ No _____

13. Are you alleging a violation of policy or law? If so, please identify below:

14. Are you alleging that your supervisor either violated the law in the workplace or has unlawfully harassed you?

_____ Yes _____ No

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be re-filed with all the required information if the refiling is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records. Please be advised that you will not be allowed to present any new evidence at a future appeal hearing, unless such evidence is presented at the Level One conference. You will have ten (10) minutes to present your grievance at each level of the grievance process.

Employee's signature

Date Submitted

Administrator/Supervisor's Signature

Date Received