

JARRELL INDEPENDENT SCHOOL DISTRICT

LEVEL I

ALL DOCUMENTS TO BE USED THROUGHOUT THE ENTIRE PROCESS SHOULD BE SUBMITTED WITH THIS FORM.

INCLUDE ALL REMEDIES SOUGHT. REMEDIES MAY NOT BE AMENDED AT A DIFFERENT LEVEL.

FOR OFFICE USE ONLY
Date received by district _____
Received by _____
Copies to _____

Conference to be held by _____

Check one: <input type="checkbox"/> Parent/Student Complaint (FNG) <input type="checkbox"/> Employee Grievance (DGBA) <input type="checkbox"/> Public Complaint (GF) Policies are available online at www.jarrellisd.org All Grievances must be filed at the Jarrell ISD Central Office

PLEASE PRINT

- Name _____
Home Address: _____
City, State, Zip Code: _____
Telephone Number: _____
- Campus/Department _____
If employee, position held: _____
- Please state the date of event or series of events causing the complaint/grievance. Provide description of attempts at informal resolution.

- Please state your complaint/grievance and supporting facts.

- Please specify the solutions you are seeking. (These may not be changed at any other level.)

- Please identify the individual(s) responsible for action/inaction resulting in event.

- If you will be represented in your presentation, please identify that individual or organization.
Name _____ Telephone _____
Address _____
- Signature _____ Date _____