Katy Independent School District

Employee Complaint Form — Level One

Note: Informal resolution shall be encouraged but shall not extend any deadlines in this policy, except by mutual written consent.

Any employee filing a complaint must fill out this form completely and may submit it by hand delivery, U.S. mail, or by electronic communication including email and fax to the Employee Relations Officer in the Human Resources Department. All complaints will be processed in accordance with Board policy DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein. Employees may not present a complaint to the Board until all administrative remedies (appeal processes) have been exhausted. Additional pages may be attached, if necessary.

Name: _____

Email Address: _____

Work Telephone: _____ Cell or Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Campus/Department: _____

1. Please state the date of the decision or circumstances causing the complaint.

   _____

2. The individual the grievance is filed against: _____
3. List the policy allegedly violated, misinterpreted or misapplied:

   _____

   _____

   Katy ISD Board Polices can be found at http://pol.tasb.org/Home/Index/594.

4. Please describe the decision or circumstances causing the complaint (give specific factual details):

   _____

   _____

   _____

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

   _____

   _____

   _____

6. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts:

   _____

   _____

   With whom did you communicate? _____

   On what date(s)? _____

   What was the response? _____

   _____

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

   _____

   _____

   _____

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

   Name:_____

   Title: _____

   Address: _____

   Telephone Number: _____

   Email Address:_____

   ❑ Representation will be by telephone conference call.

   Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Attach any documents you believe will support this complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. The scope of the grievance and/or the relief sought may not change after the Level One conference.

A complaint form that is incomplete may be dismissed but may be resubmitted when all required information is completed if the resubmission is within the designated time for filing a complaint.

A resolved grievance may not be appealed to the next level.

Employee Signature:	Date:
Signature of Representative, if applicable:	Date:

FOR OFFICE USE ONLY	
Date and Time Received:	Case Number: