

**WESLACO INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE COMPLAINT/GRIEVANCE FORM: LEVEL I**

Any employee who wishes to file a Level I complaint shall fill out this form completely and submit it to the employee's principal or immediate supervisor. DGBA(LOCAL) requires that the complaint form be filed within fifteen (15) business days of the time when the grievant first knew or should have known of the event or the first of a series of events causing the complaint, decision, or action occasioning the complaint. All complaints will be processed in accordance with DGBA(LOCAL). This form will not be placed in the grievant's personnel file unless requested by the employee.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Assignment/Campus: \_\_\_\_\_

3. Provide the following information:

a. The date and a description of the event or series of events causing the complaint:

\_\_\_\_\_  
\_\_\_\_\_

b. Nature of the complaint including the individual harm alleged:

\_\_\_\_\_  
\_\_\_\_\_

c. Specific facts to support your complaint. You are also encouraged to attach any documentation you believe may be relevant to the complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Specific remedy sought by the complainant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Name, address, and telephone number of representative, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Grievant/Representative)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
(Received by)

\_\_\_\_\_  
Date Received