

EMPLOYEE COMPLAINT STATEMENT FORM

Any employee who wishes to file a complaint must fill out this form completely and email it to the Office of Employee Services. All complaints will be processed in accordance with Board Policy [DGBA\(LEGAL\)](#) and [DGBA\(LOCAL\)](#).

*All starred items are required information. This form must be completed in its entirety. Any complaint that is incomplete in any material aspect may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint.

*Section I

Name:	Employee ID:
Address:	Phone:
City:	Position:
State:	Location:
Zip:	Email:

*Section II (Check the appropriate level)

☐ Level One	☐ Level 2	☐ Level 3
	Appeal of Level 1 Decision	Appeal of Level 2 Decision

*Section III

*Complaint against (individual/individuals). Please state the date of the event or series of events causing the complaint

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*Please state your complaint including the individual harm alleged/caused.

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*Please specify which/each FWISD rule, administrative regulation, Board Policy, procedure, directive, order, or law violated or applied in an inequitable manner.

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*Please state the specific facts (who, what, when, where, why, how, witnesses, etc.) to support your complaint (list in detail)

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*Please state the specific remedy sought.

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*Section IV

*Complete if represented by individual/organization/attorney. Please provide a copy of your complaint to your representative.

Name of Representative:
Phone Number:
Email:

☐ Check if you are self-represented
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*Section V

*Attach additional pages if needed. Also, include a copy of any and all relevant documents pertaining to your complaint. Please specify the total number of pages attached in compliance with this section.

EMAIL YOUR COMPLETED FORM AND RELEVANT DOCUMENTS TO:

FWISD Office of Employee Services

Emp.Services@fwisd.org

Employee Signature

Date Submitted

For OES Only:

Employee Signature

Date Received