RED OAK
INDEPENDENT SCHOOL DISTRICT
109 W. RED OAK ROAD P.O. BOX 9000 RED OAK, TEXAS 75154 972.617.2941
BRENDA SANFORD, SUPERINTENDENT

Employee Complaint Form — Level One

Note: Informal resolution is encouraged but does not extend any deadlines in DGBA(LOCAL), except by mutual written consent.

Whistleblower complaints must be filed within the time specified by law and may be made to the Superintendent or designee beginning at Level Two.

This form is required to initiate any employee complaint, regardless of the level at which the complaint begins.

A complaint form that is incomplete in any material way may be refiled with the District upon completion 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 you do not have copies of these documents, copies may be presented at the Level One hearing. After the Level One hearing, you may supplement the record with additional documents or include additional claims. Please keep a copy of the completed form and any supporting documentation for your records.

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the appropriate administrator within the time established in DGBA(LOCAL). All complaints will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

(Please print)

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Campus/Department: _____

If you will be represented in presenting your complaint, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone conference call.

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

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Please describe the decision or circumstances causing your complaint *(give specific factual details)*.

_____

_____

_____

What was the date of the decision or circumstances causing your complaint?

_____

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

_____

_____

Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and the person with whom you communicated regarding your concerns.

_____

_____

_____

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

_____

_____

_____

Employee signature: _____

Signature of employee's representative: _____

Date of filing: _____