KILGORE INDEPENDENT SCHOOL DISTRICT
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 unavailable when you submit this form, documents may be presented no later than the Level One conference unless you did not know the documents existed before the Level One conference. 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 an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

TASB HR SERVICES

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KILGORE INDEPENDENT SCHOOL DISTRICT
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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 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.

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Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and 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 (if applicable)

Date of filing

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