

# EMPLOYEE COMPLAINT FORM – LEVEL ONE

HEREFORD ISD SCHOOL BOARD POLICY – DGBA

Any employee filing a complaint must fill out this form completely and submit it to his or her principal or immediate supervisor. All complaints will be processed in accordance with DGBA (LEGAL and LOCAL) or any exceptions outlined therein.

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

2. Position/Campus \_\_\_\_\_

3. Please state the date of the event or series of events causing the complaint.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please state your complaint, including the individual harm alleged.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please state specific facts of which you are aware to support your complaint (list in detail).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please state the remedy you seek for this complaint.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

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

Received by: \_\_\_\_\_

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