



**WINK-LOVING
INDEPENDENT SCHOOL DISTRICT**

Employee Complaint Form – Level One

To file a formal complaint, complete this form in its entirety and submit by hand delivery, fax, or U.S. mail to the appropriate administrator within the time frame established in Board Policy DGBA (Local). All complaints will be heard in accordance with DGBA (Legal) and (Local).

1. Name _____

2. Address _____

_____ Telephone # (____) _____

3. Position _____ Campus/Department _____

4. Will you have a representative present at the Level One hearing? Yes _____ No _____

5. If you answered yes, please identify your representative.

Name _____

Address _____

_____ Telephone # (____) _____

6. Describe the circumstances or decision causing your complaint. Cite specific, factual details.

7. List the date(s) of the circumstance(s) or decision causing your complaint.

8. Explain how you have been harmed by this circumstance or decision.

9. Describe efforts you have made to resolve your complaint informally.

10. With whom did you communicate? _____ Date _____

11. What was the response? _____

12. Describe the remedy you are seeking for this complaint. _____

Employee signature _____

Representative's signature _____

Date of filing _____

Attach any documents which you believe will support the complaint. If documents are unavailable upon submission, they may be presented no later than the Level One hearing.

A complaint form that is incomplete may be dismissed, but may be re-submitted when all required information is completed if the re-submission is within the designated time for filing a complaint.

