

COCISD EMPLOYEE COMPLAINT FORM—LEVEL ONE

To file a complaint, please fill out this form completely and submit it by hand delivery, fax, 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.

Name _____

Address _____

Telephone number (_____) _____

Position _____ **Department/Campus** _____

If you will be represented in voicing your complaint, please identify the person representing you:

Name: _____

Address: _____

Telephone: _____

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 complaint informally and the responses to your efforts.

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With whom did you communicate? _____

On what date? _____

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

Employee signature

Signature of employee's representative

Date of filing

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information 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, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.