

NORTHSIDE INDEPENDENT SCHOOL DISTRICT

EMPLOYEE COMPLAINT FORM

Page One: Transmittal Form

Instructions: As provided in Policy DGBA and DGBA (LOCAL), an employee who wishes to file a formal complaint must complete an Employee Complaint Form and present it to the appropriate administrator within established timelines.

Page One is the Transmittal Form. You must complete the appropriate sections of a new Transmittal form and attach it to the front of the complaint at each level of the process.

Page Two is the Statement of Complaint Form. You must complete this page and present it to the appropriate administrator at Level One. It remains a part of the complaint file throughout the complaint process.

1. NAME _____ EMPLOYEE # _____

2. ADDRESS _____
Street and Number City Zip Code

3. PHONE NUMBERS _____
Home Work Cell

4. POSITION in NISD _____

5. CAMPUS OR DEPARTMENT _____

6. CHECK COMPLAINT LEVEL:

___ LEVEL ONE ___ LEVEL TWO ___ LEVEL THREE ___ LEVEL FOUR

7. NAME OF ADMINISTRATOR AT THIS LEVEL _____

8. IF YOU WILL BE REPRESENTED BY SOMEONE ELSE IN PRESENTING YOUR COMPLAINT AT THIS LEVEL, PLEASE COMPLETE:

NAME OF REPRESENTATIVE _____

ORGANIZATION _____

ADDRESS _____ PHONE _____

9. EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYEE: ATTACH THIS COMPLETED FORM TO THE FRONT OF YOUR COMPLAINT FILE.

ADMINISTRATOR: NOTE DATE COMPLAINT WAS RECEIVED: _____
ATTACH RESPONSE TO FRONT OF FILE.

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Page Two: Statement of Complaint

1. NAME _____

2. POSITION _____

3. CAMPUS/DEPARTMENT _____

4. PLEASE STATE THE DATE OF THE EVENT OR SERIES OF EVENTS CAUSING
THE COMPLAINT _____

5. PLEASE STATE YOUR COMPLAINT _____

6. PLEASE STATE HOW YOU WERE HARMED _____

7. SPECIFIC RELIEF REQUESTED (IF ANY) _____

8. PLEASE LIST SPECIFIC FACTS AND/OR EVENTS OF WHICH YOU HAVE
PERSONAL KNOWLEDGE WHICH SUPPORT YOUR COMPLAINT. PROVIDE
DETAILS (NAMES, DATES, TIME, LOCATION, ETC.)

CONTINUE ON REVERSE SIDE IF NECESSARY OR ATTACH ADDITIONAL
INFORMATION. ATTACH TRANSMITTAL FORM(S) TO FRONT OF FILE.

9. SIGNATURE _____ DATE _____