



## Employee Complaint Form – Level One LEVEL ONE

To file a 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.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone number (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_
4. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
5. If you will be represented in presenting your complaint, please identify the individual or organization representing you. If the person representing you will participate by telephone or video conference, please check the box below. The District will inform you if the equipment necessary for telephone or video representation is unavailable.

- Representation will be by telephone or video conference call.
- Representation will be by video conference call.

**Please note:** You must designate a representative who will be participating in person or by telephone/video with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

6. Please describe the decision or circumstances causing your complaint (give specific factual details):

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

\_\_\_\_\_

8. Please explain how you have been harmed by this decision or circumstance:

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\_\_\_\_\_

\_\_\_\_\_

9. Please describe any efforts you have made to resolve your concerns. Note, informal resolution is encouraged, but does not extend any deadlines within policy DGBA (LOCAL), unless by mutual written consent.

\_\_\_\_\_

\_\_\_\_\_

10. With whom did you communicate? \_\_\_\_\_ Date \_\_\_\_\_

11. What was the response? \_\_\_\_\_

\_\_\_\_\_

12. Please describe the outcome or remedy you seek for this complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee signature \_\_\_\_\_

Representative's signature \_\_\_\_\_

Date of filing \_\_\_\_\_

***Complainant, please note:***

***A complaint form that is incomplete in any material aspect 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.***