



Complete and submit this form in accordance with District policy DGBA (Local). You may submit your formal complaint by hand delivery, email, or U.S. mail to your immediate administrator within the timeline established in DGBA (Local). All complaints will be heard in accordance with DGBA (Legal) and DGBA (Local) or any exceptions outlined therein.

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

2. Address: \_\_\_\_\_

Street or PO Box

City

State

Zip Code

Telephone Number: \_\_\_\_\_

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

3. Campus: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

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

Street or PO Box

City

State

Zip Code

If the person representing you will participate by telephone conference call, check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone conference call.

5. Please give specific, factual details regarding the decision/circumstance causing your complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What was the date of the decision or circumstances causing your complaint? \_\_\_\_\_

7. Please describe how you have been harmed by this decision or circumstance?

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8. Please describe any efforts you have made to resolve your complaint and the responses to your efforts.

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9. With whom did you communicate?

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On what date?

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10. Please describe the outcome or remedy you seek for this complaint.

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11. Employee Signature:

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Date:

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*Complainant, please note:*

*A complaint form that is incomplete in any material way may be dismissed, but may be resubmitted with all the required information if such resubmission 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. After the Level One conference, no new documents may be submitted by the employee unless the employee did not know the documents existed before the Level One conference.*

*Please keep a copy of the completed form and supporting documentation for your records.*

| FOR OFFICE USE ONLY       |  |
|---------------------------|--|
| Date Received by SCISD:   |  |
| Received by:              |  |
| Conference to be held by: |  |