



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 the superintendent 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. Date of Level One conference: _____

Date of Level Two conference: _____

6. To whom did you present your complaint at Level One? _____

To whom did you present your complaint at Level Two? _____

7. What was the date that you received the response to the Level One complaint? _____

What was the date that you received the response to the Level Two complaint? _____



8. Please state specifically how you disagree with the outcome of the Level Two response.

9. Please state the specific remedy you sought at Level One and Level Two that was denied or not addressed that you are now seeking remedy at Level Three.

10. Employee Signature: _____ Date: _____

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 a copy of your original complaint form, any attachments, and all other documents that you submitted. Attach the notice of appeal from Level One. Also, attach the written response(s) issued at Level One and, if applicable, Level Two. Lastly, attach all other documents relied upon by the administration in reaching the Level One decision, and if applicable, the Level Two decision.

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:	