

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.	Street or PO Box City State 7in Code	mpus:sition:			
4.	4. If you will be represented in voicing your complaint, please id Name: Tele Address:	State Zip Code onference call, check the box below. The			
5.	To whom did you present your complaint at Level One?				
6.	. What was the date that you received the response to the Level One complaint?				
7.	Please state specifically how you disagree with the outcome of the Level One response.				



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

Submit with this form a copy of your original complaint and any attachments. Attach all other documents that you submitted at Level One. Also, submit a copy of the Level One written response and any attachments. Lastly, submit all other documents relied upon by the administration in reaching the Level One 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:	