

# La Joya Independent School District

## Employee Complaint Form: Level One

Any Employee filing a complaint must fill out this form completely and turn it in to the employee's principal or immediate supervisor. All complaints will be processed in accordance with DGBA (LEGAL) and DGBA (LOCAL) or any exceptions outlined therein.

**Complainant:**

**Complaint Against:**

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

2. Position: \_\_\_\_\_ Position/Campus: \_\_\_\_\_

3. Please state date of the event or series of events causing the complaint:  
\_\_\_\_\_  
\_\_\_\_\_

4. Please state your complaint including the individual harm alleged and the remedy sought.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please state specific facts of which you are aware to support your complaint (list in detail):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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

# La Joya Independent School District

## Employee Complaint Form:

## Level Two

This form must be filled out completely by an employee appealing a level one decision to the Superintendent or designee in accordance with the District's policies DGBA and DGBA (LOCAL) or any exceptions outlined therein.

### Complainant:

### Complaint Against:

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

2. Position: \_\_\_\_\_ Position/Campus: \_\_\_\_\_

3. To whom did you last appeal? \_\_\_\_\_

Date: \_\_\_\_\_

4. If you will be represented in pursuing your complaint, please identify that individual or organization:

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_

5. Attach copy of original complaint.

6. Attach copy of complaint decision being appealed.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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

# La Joya Independent School District

## Employee Complaint Form:

## Level Three

This form must be filled out completely by an employee appealing a level one decision to the Superintendent or designee in accordance with the District's policies DGBA and DGBA (LOCAL) or any exceptions outlined therein.

### Complainant:

### Complaint Against:

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

2. Position: \_\_\_\_\_ Position/Campus: \_\_\_\_\_

3. To whom did you last appeal? \_\_\_\_\_

Date: \_\_\_\_\_

4. If you will be represented in pursuing your complaint, please identify that individual or organization:

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

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

Telephone: (     ) \_\_\_\_\_

5. Attach copy of original complaint and complaint decisions.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

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