



EMPLOYEE COMPLAINT/GRIEVANCE LEVEL ONE

Policy DGBA

INSTRUCTIONS

To file a formal complaint, complete this form and submit by hand delivery, fax, or U.S. mail to immediate supervisor **and** to the human resources director within the time established in DGBA (LOCAL). Complaint will be heard in accordance with DGBA (LEGAL) AND DGBA (LOCAL).

An incomplete complaint form may be dismissed. The complaint may be resubmitted with all the required information within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable at the time of filing, it may be presented no later than the Level One conference.

Keep a copy of the completed form and any supporting documentation for your records.

Name: _____ Department/Campus: _____

Employee ID _____ Position: _____

Home Address: _____ City, State, Zip Code _____

Telephone number(s): (____) _____ (____) _____

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1. If you will be represented in pursuing your complaint, please identify the individual and/or organization:

Name: _____

Address: _____

Telephone: (____) _____

2. Please state the event or series of events causing the complaint.

3. State the date of the decision or circumstances causing the complaint.

4. Please state your complaint, including the individual harm alleged.

5. Describe any efforts you have made to resolve your complaint informally and the response to your efforts.

6. With whom did you communicate?

7. On what date?

8. Please state the remedy you seek for this complaint:

Employee Signature

Date