

**SPRING INDEPENDENT SCHOOL DISTRICT
STAFF MEMBER FORMAL COMPLAINT FORM
LEVEL I**

A staff member who has attempted unsuccessfully to resolve a concern informally and feels it is necessary to file a formal complaint, shall complete this form. The completed form must be submitted to the principal or immediate supervisor. Formal Complaints shall be processed in accordance with Board Policy DGBA (LOCAL).

(please print)

a. Name: _____

b. Position: _____ Campus: _____

c. Please state date of the event or series of events causing the complaints:

d. Please state your complaint including the individual harm alleged:

e. Please state specific facts of which you are aware to support your complaint. List in detail:

f. Please describe any efforts you have made to resolve your complaint informally and the response to your efforts:

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

h. If you are making complaints or charges against any specific individual(s), please identify each of those individuals by name:

i. Please identify the law or policy, if any, alleged to be violated:

j. If you will be represented in presenting your complaint, please identify the name, address and telephone number of the individual or organization:

Name: _____

Address: _____

Telephone: _____

Signature

Date Submitted