

STAFF MEMBER RELATIONS AND COMMUNICATIONS

SPRING INDEPENDENT SCHOOL DISTRICT STAFF MEMBER FORMAL COMPLAINT/GRIEVANCE FORM LEVEL II

A staff member who has attempted unsuccessfully to resolve a concern at the Level I hearing and feels it is necessary to file a formal Level II Complaints/Grievance, shall complete this form. The completed form must be submitted to the Superintendent or designee within seven (7) days following receipt of a response regarding the Level I hearing. 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 complaint:

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 state the remedy you seek for this complaint:

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

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

i. 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