

**VAN ALSTYNE INDEPENDENT SCHOOL DISTRICT**

**Employee Complaint FORM**

Any employee who wishes to file a complaint/grievance must fill out this form completely and turn it in to the employee's principal or supervisor. All complaints/grievances will be processed in accordance with DGBA and DGBA (Local).

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

Position/Campus: \_\_\_\_\_

Please state date of the event or series of events causing the complaint/grievance and a detailed summary of the complaint/grievance. May attach additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state the individual harm alleged:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify the remedy you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

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

