



BELTON INDEPENDENT SCHOOL DISTRICT
LEVEL ONE
EMPLOYEE COMPLAINT/GRIEVANCE FORM

To file a complaint or grievance, please fill out this form completely and attach any supporting documentation in accordance with DGBA (LOCAL). Once completed, please provide a copy by hand delivery, fax, or U.S. Mail to the appropriate administrator within 15 days from the date you first knew, or with reasonable diligence should have known, of the decision or action giving rise to the complaint or grievance. For detailed information about the grievance process, please refer to DGBA (LOCAL).

1. Name of Employee: _____
2. Position/Campus: _____
3. Telephone #: _____
4. The date of the decision or action giving rise to this complaint: _____
5. Please describe the decision or action giving rise to your complaint. Use additional pages if necessary.

6. Explain specifically how you were harmed or injured by the facts that you provided in response to question 4 above.

7. Explain your efforts to informally resolve your complaint including with whom you spoke, when you met, and the response you received. If you did not attempt an informal resolution to this problem, please give a detailed explanation why not.

8. Identify the outcome or remedy you seek for this complaint:

Employee Signature

Date

Name & Address of representative, if any:

Telephone #: _____