

NORTHSIDE INDEPENDENT SCHOOL DISTRICT

EMPLOYEE COMPLAINT FORM

Page One: Transmittal Form

Instructions: As provided in Policy DGBA and DGBA (LOCAL), an employee who wishes to file a formal complaint must complete an Employee Complaint Form and present it to the appropriate administrator within established timelines.

Street and Number

City

Zip Code

3. PHONE NUMBERS _____
Home Work Cell

4. POSITION in NISD _____

5. CAMPUS OR DEPARTMENT _____

6. CHECK COMPLAINT LEVEL:

___ LEVEL ONE ___ LEVEL TWO ___ LEVEL THREE ___ LEVEL FOUR

7. NAME OF ADMINISTRATOR AT THIS LEVEL _____

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Page Two: Statement of Complaint

1. NAME _____

2. POSITION _____

3. CAMPUS/DEPARTMENT _____

4. PLEASE STATE THE DATE OF THE EVENT OR SERIES OF EVENTS CAUSING
THE COMPLAINT _____

5. PLEASE STATE YOUR COMPLAINT _____

6. PLEASE STATE HOW YOU WERE HARMED _____

7. SPECIFIC RELIEF REQUESTED (IF ANY) _____
