
Coppell ISD
EMPLOYEE GRIEVANCE/Complaint FORM – LEVEL ONE

To file a formal grievance, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the appropriate administrator within the timeline established in DGBA (Local). All complaints will be heard in accordance with DGBA (Legal) and (Local) or any exceptions outlined therein.

Employee Name: _____

Address: _____

City, State, and Zip: _____

Telephone #: _____

Campus/Department: _____

STATEMENT OF COMPLAINT:

Describe the nature of your grievance. Cite specific and factual details and dates.

Explain how you have been harmed by the circumstance or decision.

Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate? _____ Date: _____

What was the response?

Describe the remedy you are seeking for this grievance.

Level I Grievances should be conducted with the Campus Principal or HR when applicable. Attach to this form any documents you believe will support the complaint.

Signature of Employee: _____ Date: _____

CISD policies regarding the process for filing complaints including Title IX, 504, & Special Education, may be found on-line at <http://pol.tasb.org/Home/Index/373>