



SOCORRO INDEPENDENT SCHOOL DISTRICT

Personnel Management Relations Employee Complaints/Grievances

DGBA Employee Level I

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Department of Human Resources – Division of Employee Relations. All complaints will be heard in accordance with DGBA (Legal) and DGBA (Local) or any exceptions outlined therein.

Name of Complainant Telephone

Street City State Zip

Position Campus/Department

I. If you will be represented in voicing your complaint, please identify the person representing you.
Grievant's representative must be contacted for hearing.

Name of Representative Telephone

Street City State Zip

II. Please describe the decision or circumstances causing your complaint (give specific factual details).

If voicing complaint, who is the complaint against: _____

III. What was the date of the decision or circumstances causing your complaint? _____

IV. Please explain how you have been harmed by this decision or circumstance:

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



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With whom did you communicate? _____ Date: _____

VI. Please describe the outcome or remedy you seek for the complaint:

Employee Signature

Signature of Employee's Representative

Date of Filing

Complainant, Please Note:

A complaint form that is incomplete in any way may be dismissed, but may be refiled with all the required information if the re-filing is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; If unavailable when you submit this form, they may be represented no later than the Level I conference. Please keep a copy of the completed form and any supporting documentation for your records.