



SOCORRO INDEPENDENT SCHOOL DISTRICT

Personnel Management Relations Employee Complaints/Grievances

Informal Conference - DGBA

Name of Complainant

Telephone

Date

Date of Incident

Date Reported

Nature of Complaint: _____

Who is the complaint against: _____

Administrative Recommendation or Action: _____

Complainant's Name (Print)

Complainant's Signature

Date

Respondent's Name (Print)

Respondent's Signature

Date

Administrator's Name (Print)

Administrator's Signature

Date