

EMPLOYEE COMPLAINT STATEMENT FORM

Any employee who wishes to file a complaint must fill out this form completely and turn it in to the Office of Employee Services. All complaints will be processed in accordance with Board Policy DGBA (LEGAL) and (LOCAL).

**All starred items are required information. This form must be completed in its entirety. Any complaint that is incomplete in any material aspect may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint.*

*Section I:

*NAME: _____	*POSITION/LOCATION: _____
*ADDRESS: _____	*CITY: _____ *STATE: _____ * ZIP: _____
PHONE: _____ E-Mail _____	Employee ID: _____

*Section II:

<p>*Check the appropriate Level:</p> <p>____ Level 1</p> <p>____ Level 2 (Appeal of Level 1 Decision)</p> <p>____ Level 3 (Appeal of Level 2 Decision)</p>

*Section III:

*COMPLAINT AGAINST (INDIVIDUAL/INDIVIDUALS). PLEASE STATE THE DATE OF THE EVENT OR SERIES OF EVENTS CAUSING THE COMPLAINT:

*PLEASE STATE YOUR COMPLAINT INCLUDING THE INDIVIDUAL HARM ALLEGED/CAUSED:

*PLEASE SPECIFY WHICH/EACH FWISD RULE, ADMINISTRATIVE REGULATION, BOARD POLICY, PROCEDURE, DIRECTIVE, ORDER, OR LAW WAS VIOLATED OR APPLIED IN AN INEQUITABLE MANNER:

*PLEASE STATE THE SPECIFIC FACTS (WHO, WHAT, WHEN, WHERE, WHY, HOW, WITNESSES, ETC.) TO SUPPORT YOUR COMPLAINT (LIST IN DETAIL):

*PLEASE STATE THE SPECIFIC REMEDY SOUGHT:

***Section IV:**

* REPRESENTED BY INDIVIDUAL/ORGANIZATION/ ATTORNEY:

*NAME: _____

*ADDRESS : _____

*TELEPHONE: _____ *FAX: _____

EMAIL _____

PLEASE PROVIDE A COPY OF YOUR COMPLAINT TO YOUR REPRESENTATIVE

***Section V:**

*ATTACH ADDITIONAL PAGES IF NEEDED. ALSO, INCLUDE A COPY OF ANY AND ALL RELEVANT DOCUMENTS PERTAINING TO YOUR COMPLAINT. PLEASE SPECIFY THE TOTAL NUMBER OF PAGES ATTACHED IN COMPLIANCE WITH THIS SECTION: ____

RETURN YOUR COMPLETED FORM AND ALL RELEVANT DOCUMENTS TO:

FWISD Employee Services
Emp.Services@fwisd.org
817-814-1830

*EMPLOYEE SIGNATURE

*DATE SUBMITTED

RECEIVED IN EMPLOYEE SERVICES

By: _____

DATE: _____