

Killeen Independent School District Employee Complaint Form Level One

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level One complaint to your campus principal.

1. Employee's Name _____
2. Position _____
3. Address & Telephone Number _____
4. Campus _____
5. The date of the event or action that gave rise to this complaint _____
6. A detailed factual description of all of the circumstance(s) that gave rise to this complaint. (Use additional pages if necessary)

7. Explain specifically how you were harmed or injured by the facts that you provided in response to item 6 above.

8. Identify and attach any documents upon which you will rely during the complaint process and explain what those documents will prove. (If you do not have these documents at the time you file your complaint, you will be able to provide copies at the Level One conference. However, please identify to the best of your ability what those documents are and what you think they will prove.)

9. The district wants to have all complaints resolved informally or at the lowest possible level. Explain your efforts to informally resolve your complaint including whom you spoke with, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation why not.

10. Identify the remedy you seek for this complaint. In other words, what do you want us to do in response to your complaint?

Employee's Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any.

Note to Supervisor or Principal: Please prepare two additional copies of this form. Return one copy to the person submitting the complaint; keep one copy for your records; and send the original immediately to the Professional Standards Administrator.

Killeen Independent School District Employee Complaint Form Level Two

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Two complaint to the Superintendent.

1. Name _____
2. Position _____
3. Address & Telephone Number _____
4. Campus _____
5. Identify the date you received the Level One decision _____
6. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the superintendent or his/her designee to review.

7. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 6 above.

8. Attach the documents you relied upon at Level One (if any) and explain how they support your position at response 6 and 7 above. Only those documents identified will be considered at Level Two.

9. Identify the remedy you seek at Level Two. In other words, what do you want us to do in response to your complaint?

Employee's Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

Killeen Independent School District Employee Complaint Form Level Three

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Three complaint to the Superintendent.

1. Employee's Name _____
2. Position _____
3. Address & Telephone Number _____
4. Campus _____
5. Identify the administrator who held the Level Two conference and provided the Level Two decision

6. Identify the date you received the Level Two decision _____
7. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

8. Specifically state why you disagree with the part(s) of the Level Two decision that you identified in response to number 7 above.

9. Attach the documents you relied upon at Level Two (if any) and explain how they support your position at response 7 and 8 above. Only those documents identified will be considered at Level Three.

10. Please identify the remedy that you seek at Level Three. In other words, what do you want us to do in response to your complaint?

Employee's Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.
