

JARRELL INDEPENDENT SCHOOL DISTRICT

LEVEL I

ALL DOCUMENTS TO BE USED THROUGHOUT THE ENTIRE PROCESS SHOULD BE SUBMITTED WITH THIS FORM.

INCLUDE ALL REMEDIES SOUGHT. REMEDIES MAY NOT BE AMENDED AT A DIFFERENT LEVEL.

FOR OFFICE USE ONLY
Date received by district _____
Received by _____
Copies to _____

Conference to be held by _____

Check one: <input type="checkbox"/> Parent/Student Complaint (FNG) - to be filed with the principal/supervisor. <input type="checkbox"/> Employee Grievance (DGBA) - to be filed with the employee's immediate supervisor. <input type="checkbox"/> Public Complaint (GF) - to be filed with the legal services department. Policies are available on line at www.jarrellisd.org ; then click on Our Board link.
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PLEASE PRINT

1. Name _____
Home Address: _____
City, State, Zip Code: _____
Telephone Number: _____
2. Campus/Department _____
If employee, position held: _____
3. Please state the date of event or series of events causing the complaint/grievance. Provide description of attempts at informal resolution.

4. Please state your complaint/grievance and supporting facts.

5. Please specify the solutions you are seeking. (These may not be changed at any other level.)

6. Please identify the individual(s) responsible for action/inaction resulting in event.

7. If you will be represented in your presentation, please identify that individual or organization.
Name _____ Telephone _____
Address _____
8. Signature _____ Date _____