



**EMPLOYEE COMPLAINT FORM  
LEVEL ONE**

Any employee filing a complaint must fill out this form completely and turn it in to the employee's principal or immediate supervisor. All complaints will be processed in accordance with DGBA and DGBA (LOCAL) or any exceptions outlined therein. Visit our website at [www.pasadenaisd.org](http://www.pasadenaisd.org). Policy On-line to D-Personnel.

1. Name: \_\_\_\_\_

2. Position: \_\_\_\_\_ Campus/Dept.: \_\_\_\_\_

3. Please state date of the event or series of events causing the complaint:  
\_\_\_\_\_

See attachment

4. Please state your complaint including the individual harm alleged and the remedy sought:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See attachment

5. Please state specific facts of which you are aware to support your complaint (list in detail).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See attachment

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_