

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 Superintendent.
Policies are available online at www.cocisd.org .

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 _____
Address _____
Telephone _____

8. Signature _____ Date _____