Teague Independent School District
Level One Request
(see Teague I.S.D. policy DGBA {local})

An employee who has a complaint shall request a conference with the principal or immediate supervisor by submitting the complaint in writing on this form. This form must filed within 15 days of the time the employee first knew or should have known of the event or series of events about which the employee is complaining. All complaints will be processed in accordance with policy DGBA (legal) and DGBA (local) or any exceptions outlined therein.

This form must be filled out completely by the employee.

1. Name__________________________________________

2. Position__________________________________________ Campus/Dept.____________________

3. Please state the date of the event or series of events causing the complaint.
   Date(s)__________________________________________

4. Please state your complaint, including the individual harm alleged.

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

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

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

6. Please state the remedy you seek for this complaint.

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

Employee signature__________________________________________
Date Submitted:____________________

Policy DGBA (Local)
Level 1 Complaint Request
Teague Independent School District  
Level Two Request

(see Teague I.S.D. policy DGBA {local})

If the outcome of the conference at Level One is not to the employee's satisfaction or if time for a response has expired, the employee may request a conference with the Superintendent or designee to discuss the complaint. The request shall be in writing on this form and must be filed within seven days following receipt of a response or, if no response is received, within seven days of the response deadline.

This form must be filled out completely by the employee.

1. Name___________________________________________

2. Position________________________________________ Campus/Dept.____________________

3. To whom did you last present your complaint. ________________________________________

   Date of conference:__________________________________________

4. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

   Name________________________________________________________

   Address_______________________________________________________

   Telephone (_____)______________________________________________

5. Attach a copy of your original complaint.

6. Attach a copy of the Level One decision being appealed, if applicable.

Employee signature______________________________________________

Date Submitted:_____________
Teague Independent School District

Level Three Request
(see Teague I.S.D. policy DG BA {local})

Request to be placed on the Teague I.S.D. Board of Trustees Agenda

This form must be filled out completely by the employee.

1. Name

2. Position__________________________ Campus/Dept._____________________

3. To whom did you last present your complaint?__________________________
   Date:__________________________

4. If you will be represented in pursuing your complaint, please identify the
   individual or organization representing you.

   Name:_____________________________________

   Address:_____________________________________

   Telephone (_____)__________________________

5. Attach a copy of your original complaint and/or additional information.

6. Attach copies of the Level One and Level Two decisions (if applicable)

Employee signature_____________________________________

Date Submitted:_____________________________________

Policy DG BA (Local)
Level 3 Complaint Request