

**Mission Consolidated Independent School District**  
**Employee Complaint Form**  
**Level One**

This form must be filled out completely by the employee in accordance with District policy DGBA (Local). Failure to thoroughly complete this form, in accordance with District policy, will result in dismissal of the complaint. This form must be submitted to your campus principal or immediate supervisor.

1. Name \_\_\_\_\_
2. Position/Campus \_\_\_\_\_
3. Provide the date of the event or action that gave rise to this complaint \_\_\_\_\_
4. Provide a detailed factual description of all of the circumstance(s) that gave rise to this complaint. (use additional pages if necessary)

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5. Explain specifically how you were harmed or injured by the facts that you provided in response to item 4 above.

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6. Specifically identify, and attach if possible, any documents upon which you will rely during the grievance process and explain what those documents will prove. (If you do not have these documents at the time you file your grievance 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.)

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7. Identify the specific policy or policies, constitutional or statutory provision, or administrative regulations that you alleged have been misapplied or the specific type of discrimination that you allege was committed. For each please provide the facts that support your allegations.

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8. 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.

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9. Identify the remedy you seek for this complaint.

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Employee's Signature

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Date Submitted

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

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