

Lampasas Independent School District Level One Complaint Form

Complete and submit this form in accordance with District policy FNG, DGBA, and GF (LOCAL), as applicable. Your complaint will be dismissed if it is untimely or submitted with incomplete information. Submit your Level One complaint to your campus principal, immediate supervisor, or other person specified in the referenced policies.

FOR OFFICE USE ONLY Date received by LISD: _____ Received by: _____ Copies to: _____ _____ Conference to be held by: _____

Check one: <input type="checkbox"/> Parent/Student Complaint (FNG) – to be filed with the principal <input type="checkbox"/> Employee Complaint (DGBA) – to be filed with the employee’s immediate supervisor <input type="checkbox"/> Public Complaint (GF) – to be filed with the principal
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1. Name _____
2. Address _____
_____ Phone No. _____
3. Campus _____ If employee, position held: _____
4. The date of the event or action that gave rise to this complaint _____
5. A detailed factual description of all of the circumstance(s) that gave rise to this complaint.
(Use additional pages if necessary.)

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

7. 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.)

8. Identify the specific policy or policies, constitutional or statutory provision, or administrative regulations that you allege have been misapplied. For each, provide the facts that support your allegations.

9. 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.

10. Identify the remedy you seek for this complaint.

Complainant Signature

Date Submitted

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