COMANCHE INDEPENDENT SCHOOL DISTRICT

Employee Complaint Form – Level I

Any employee filing a complaint must complete this form and submit it to his or her principal or immediate supervisor. All complaints will be processed in accordance with local grievance procedures.

Name _____

Position_____ Department/Campus _____

Please state the date of the event or series of events causing the complaint:

Please state your complaint, including the individual harm alleged:

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

Please state the remedy you seek for this complaint:

_____ _____

Employee Signature Date Submitted