

BIRDVILLE ISD - EMPLOYEE COMPLAINT FORM**LEVEL 1**

Any employee filing a complaint must fill out all sections of this form completely and submit it to their principal or immediate supervisor. If additional space is needed, please attach supporting documentation. Incomplete forms may result in the form being returned for resubmission. All complaints will be processed in accordance with [DGBA \(LEGAL\)](#) and [\(LOCAL\)](#) or any exceptions outlined therein.

Name: _____ Campus/Dept.: _____

Date/Series of Events Causing Complaint: _____

Date Filing Complaint: _____ Filing Within 15 Day Timeline: ☐ Yes ☐ No

Please state your complaint, including the individual harm alleged:

Please state specific facts of which you are aware to support your complaint & provide attachments:

Please state the remedy you seek for this complaint.

Employee's Signature _____

For Office Use Only

Date Received: _____

Received By: _____