



TSD EMPLOYEE COMPLAINT FORM

Any employee who wishes to file a complaint must complete this form and submit it in accordance with the process described in TSD Board Policy DGBA.

1. NAME: _____

2. POSITION/DEPT: _____

3. DATE OF THE EVENT, OR SERIES OF EVENTS, CAUSING THE COMPLAINT:

4. DATE INFORMAL-GRIEVANCE CONFERENCE REQUESTED: _____

5. DATE/TIME INFORMAL-GRIEVANCE CONFERENCE HELD: _____

6. PARTICIPANTS OF INFORMAL-GRIEVANCE CONFERENCE: _____

7. RESULTS OF INFORMAL-GRIEVANCE CONFERENCE:

A. Supervisors Explanation for Events:

B. Attempted Resolution:

C. Why Resolution Did Not Satisfy:

8. COMPLAINT, INCLUDING RELEVANT AND SPECIFIC SUPPORTING FACTS, including how you believe the action(s) you are complaining about was/is harmful to you:

9. PLEASE STATE THE SPECIFIC REMEDY (SOLUTION) YOU ARE SEEKING (include a request for what you want to happen):

<u>Date Received in HR:</u>		<u>Date Forwarded to Supervisor:</u>	
<u>Date of Appeal:</u>		<u>Date of Level II Hearing:</u>	
<u>Date of Level III Hearing:</u>		<u>Date of Resolution:</u>	

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