

## EMPLOYEE COMPLAINT FORM: LEVEL ONE GRIEVANCE

Note: Informal resolution is encouraged, but does not extend any deadlines in DGBA(LOCAL), except by mutual written consent.

Whistleblower complaints must be filed within the time specified by law and may be made to the Superintendent or designee beginning at Level Two.

All complaints will be heard in accordance with Prosper ISD Board Policies DGBA(LEGAL) and (LOCAL) unless expressly excluded by those policies. Additional pages may be added to this form as needed. To file a formal complaint, please fill out this form completely and submit it within fifteen (15) days of the date the individual first knew, or with reasonable diligence should have known, of the decision or action giving rise to the complaint or grievance to the Prosper ISD Office of Administrative Services as follows:

- Scan and e-mail the form to [grievances@prosper-isd.net](mailto:grievances@prosper-isd.net);
- Submit the form in person to the Prosper ISD Administration Building, 605 E. 7<sup>th</sup> St., Prosper, TX 75078;
- Mail the form to the Prosper ISD, Attn: Office of Administrative Services, 605 E. 7<sup>th</sup> St., Prosper, TX 75078; or
- Fax the form to (972) 346-9247.

1. Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Campus/department where employee works: \_\_\_\_\_

2. If you will be represented in presenting your complaint, please identify the person representing you:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Representation will be by telephone conference call.

**Please note:** You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

3. Please state the date of the decision or action giving rise to your complaint: \_\_\_\_\_

4. Please describe the decision or circumstance causing your complaint, providing specific factual details.

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5. Please explain how you have been harmed by this decision or circumstance.

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6. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and with whom you communicated regarding your concerns.

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Employee Signature: \_\_\_\_\_

Employee Representative's Signature: \_\_\_\_\_

Date complaint filed: \_\_\_\_\_

*Complainant, please note:*

*A complaint form that is incomplete in any material way may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint.*

*Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.*

*Even after initiating the formal complaint process, employees are encouraged to seek informal resolution of their concerns. An employee whose concerns are resolved may withdraw a formal complaint at any time.*