Grievance/Complaint Form

Savoy ISD has adopted grievance procedures for the purpose of resolving employee, student/parent, and public concerns. Student/parent complaints are processed through Board Policy FNG; employee complaints are processed through Board Policy DGBA; and complaints by members of the public are processed through Board Policy GF. This Grievance/ Complaint Form must be filed no later than 10 business days from the date the Grievant first knew or should have known of the decision or action giving rise to the complaint. "Grievant" is defined as the individual bringing forward the grievance /complaint. Failure to timely file a grievance/complaint may prohibit acceptance of the grievance/complaint. A new Grievance/Complaint Form must be completed for each level of the process. New claims may **not** be added at Level Two or Level Three. Complaint forms may be submitted by email to stalley@sisd.org or in person at the SISD Administration building at 302 W. Hayes, Savoy, TX 75479. This form may also be mailed to Superintendent, Savoy ISD Administrative Building, 302 W. Hayes, Savoy, TX 75479.

Note: Please ensure all required fields are completed.

Policy Grievance Filed Under: **FNG(LOCAL)** ☐ *Student/Parent* **DGBA(LOCAL)** ☐ *Employee* **GF(LOCAL)** ☐ *Public*

SECTION I (Required) - Complaint Level
Complaint Level: (select one) Level I ☐ Level II ☐ Level III
Date of Incident
Date of Incident (or Knowledge of Incident):
SECTION II - Contact Information (Required)
If Student/Parent, Complete Section 2.A. below:
Section 2.A.
Student Name:
Parent/Legal Guardian Name: **Parent/Legal Guardian Email:**
Address: **City:** **State:** **Zip:**
Phone: **Grade Level:** **Campus:**
Representation (Choose one) **Self ☐** **Legal Counsel ☐** **Representative ☐**
Representative's Name: **Phone:** **Email:**
If Employee, Complete Section 2.B. below:
Section 2.B.

Complainant Name:			
Address:	**City:**	**State:**	**Zip:**
Phone:	**Job Assignment:**	**Campus/Department:**	
Employee Email:			
Representation (Choose one)	**Self ☐**	**Legal Counsel ☐**	**Representative ☐**
Representative's Name:	**Phone:**	**Email:**	
If Public, Complete Section 2.C. below:			
Section 2.C.			
Complainant Name:			
Address:	**City:**	**State:**	**Zip:**
Phone:	**Company/Organization/Other Affiliation (*if applicable*):**		
Email:			
Representation (Choose one)	**Self ☐**	**Legal Counsel ☐**	**Representative ☐**
Representative's Name:	**Phone:**	**Email:**	
SECTION III (Required)			
Complaint Filed Against:	**Position/Title:**	**Campus/Department:**	
SECTION IV (Required) - Basis of Complaint			
Statement describing circumstances giving rise to the complaint/grievance (be as specific as possible):			

State specific harm you allege:

Has an attempt been made to resolve the issue informally? If yes, please describe, including the date(s) of the attempted resolution and with whom:

Specific Relief or Remedy Sought (REQUIRED):

SIGNATURE:_____ Date:_____

Documents Attached: NO ☐ *YES ☐ * If Yes, must complete and attach the Grievant Hearing Exhibit Form. Note: ALL documents related to this complaint must be attached to grievance submission.