



Natalia Independent School District

P.O. Box 548, 8th & Pearson St.

www.nataliaisd.net

Phone: 830 663-4416 Fax: 830 663-4186



LEVEL I EMPLOYEE

COMPLAINT FORM: LEVEL ONE

Any employee filing a complaint must fill out this form completely and turn it in to their immediate supervisor. All complaints will be processed in accordance with DGBA (LOCAL) or any exceptions outlined therein.

1. Name: _____ 2. Campus: _____

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

4. Please state your complaint including the individual harm alleged and the remedy sought: _____

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

Employee Signature: _____ Date Submitted: _____



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LEVEL II EMPLOYEE

NOTICE OF APPEAL: LEVEL TWO

This form must be filled out completely by an employee appealing a level one decision to the Superintendent or designee in accordance with the District's policy DGBA (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Campus: _____

3. To Whom did you last appeal? _____

4. Date: _____

5. If you will be represented in pursuing your complaint, please identify that individual or organization: _____

6. Name: _____

7. Address: _____

8. Telephone: () _____

9. Attach copy of original complaint. _____

10. Attach copy of complaint decision being appealed. _____

11. Please state your complaint including the individual harm alleged and the remedy sought: _____

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

Employee Signature: _____ Date Submitted: _____



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LEVEL III EMPLOYEE

NOTICE OF APPEAL TO THE BOARD: LEVEL THREE

This form must be filled out completely by an employee appealing a complaint decision to the Board in accordance with the District's policy DGBA (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Campus: _____

3. To Whom did you last appeal? _____

Date: _____

4. If you will be represented in pursuing your complaint, please identify that individual or organization:

Name: _____

Address: _____

Telephone: () _____

5. Attach copy of original complaint and all complaint decisions. _____

6. Please state your complaint including the individual harm alleged and the remedy sought:

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

Employee Signature: _____ Date submitted: _____