Ector County Independent School District
EMPLOYEE COMPLAINT FORM

Any employee filing a complaint must fill out this form completely and present it at all levels of grievance in accordance with Board Policy DGBA (Local.)

Circle Appropriate Level of Grievance - I II III
Date Heard: _____ _____ _____

Name of Aggrieved Person: _____

Position/Campus: _____

Date Grievance Occurred: _____

Principal/Supervisor: _____

Statement of Grievance: _____

_____

_____

Violations: _____

_____

_____

Remedies Sought: _____

_____

_____

_____ _____
Signature of Grievant Date

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

Name: _____

Address: _____

_____

Phone: _____