



Note: Please ensure all required fields are completed.

SECTION I (Required) - Complaint Level			
Complaint Level: (select one): Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/>			
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:		Student ID Number:	
Parent/Legal Guardian Name:		Parent/Legal Guardian Email:	
Address:	City:	State:	Zip:
Phone:	Grade Level:	Campus:	
Representation (Choose one)	Self <input type="checkbox"/>	Legal Counsel <input type="checkbox"/>	Representative <input type="checkbox"/>
Representative's Name:		Phone:	Email:

If Employee, Complete Section 2.B. below:

Section 2.B.

Complainant Name:

Employee ID Number:

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, you must complete and attach the Grievant Hearing Exhibit Form. Note: ALL documents related to this complaint must be attached to grievance submission.