

LULING INDEPENDENT SCHOOL DISTRICT

**LEVEL I**

ALL DOCUMENTS TO BE USED THROUGHOUT THE ENTIRE PROCESS SHOULD BE SUBMITTED WITH THIS FORM.

INCLUDE ALL REMEDIES SOUGHT. REMEDIES MAY NOT BE AMENDED AT A DIFFERENT LEVEL.

FOR OFFICE USE ONLY
Date received by district _____
Received by _____
Copies to _____
_____
Conference to be held by _____

Check one: <input type="checkbox"/> Parent/Student Complaint (FNG) - to be filed with the principal/supervisor. <input type="checkbox"/> Employee Grievance (DGBA) - to be filed with the employee's immediate supervisor.  Policies are available on-line at <a href="http://www.luling.txed.net">www.luling.txed.net</a>
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**PLEASE PRINT**

1. Name \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. Campus/Department \_\_\_\_\_  
If employee, position held: \_\_\_\_\_
3. Please state the date of event or series of events causing the complaint/grievance. Provide description of attempts at informal resolution.  
\_\_\_\_\_  
\_\_\_\_\_
4. Please state your complaint/grievance and supporting facts.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Please specify the solutions you are seeking. (These may not be changed at any other level.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Please identify the individual(s) responsible for action/inaction resulting in event.  
\_\_\_\_\_  
\_\_\_\_\_
7. If you will be represented in your presentation, please identify that individual or organization.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_
8. Signature \_\_\_\_\_ Date \_\_\_\_\_