## EMPLOYEE COMPLAINT FORM—LEVEL ONE

To file a complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the appropriate administrator within the time established in DGBA (LOCAL). All complaints will be heard in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name	
Address Telephone number ()	
If you will be represented in voi	icing your complaint, please identify the person representing you:
Name:	
Address:	
Please describe the decision or odetails):	circumstances causing your complaint (give specific factual
What was the date of the decision	on or circumstances causing your complaint?
Please explain how you have be	en harmed by this decision or circumstance:
Please describe any efforts vou	have made to resolve your complaint informally and the
responses to your efforts.	

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With whom did you communicate?
On what date?
Please describe the outcome or remedy you seek for this complaint:
Employee signature
Signature of employee's representative
Date of filing

## Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.