

COLDSRING-OAKHURST CISD

**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.

<b>FOR OFFICE USE ONLY</b>
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.
<input type="checkbox"/> Public Complaint (GF) - to be filed with the Superintendent.
Policies are available online at <a href="http://www.cocisd.org">www.cocisd.org</a> .

**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 \_\_\_\_\_