

**FORT BEND ISD
079907**

**DGBA (E)
(LOCAL)**

**PERSONNEL-MANAGEMENT RELATIONS:
EMPLOYEE GRIEVANCE**

EMPLOYEE GRIEVANCE FORM

Any employee who wishes to file a grievance must fill out this form completely and turn it in to the employee's principal or immediate supervisor. All grievances will be processed in accordance with DGBA and DGBA (LOCAL).

1. Name: _____

2. Position/Campus: _____

3. Please state the date of the event or series of events causing the grievance: _____

4. Please state your grievance including the individual harm alleged:

5. Please state specific facts of which you are aware to support your grievance (list in detail):

6. Relief sought: _____

Signature: _____ **Date Submitted:** _____