

*Any employee filing a complaint must fill out all sections of this form completely and submit to their principal or immediate supervisor. If additional space is needed, please attach supporting documentation. Incomplete forms may result in the form being returned for resubmission. Complaints will be processed in accordance with [DGBA \(LOCAL\)](#) or any exceptions outlined therein.*

Name: \_\_\_\_\_ Campus/Dept.: \_\_\_\_\_

Date/Series of Events Causing Complaint: \_\_\_\_\_

Date Filing Complaint: \_\_\_\_\_ Filing Within 15 Day Timeline: Yes No

Please state your complaint, including the individual harm