

The forms on the following pages are provided to assist the District in processing employee complaints/grievances.

- Exhibit A: Employee Complaint Form — Level One — 2 pages
- Exhibit B: Response to Level One Complaint — 1 page
- Exhibit C: Level Two Appeal Notice — 2 pages
- Exhibit D: Response to Level Two Appeal — 1 page
- Exhibit E: Level Three Appeal Notice — 2 pages
- Exhibit F: Board's Response to Level Three Appeal — 1 page

EXHIBIT A

EMPLOYEE COMPLAINT FORM — LEVEL ONE

To file a formal 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.

1. Name: _____

2. Address: _____

Telephone number: (____) _____

3. Position: _____ Campus/Department: _____

4. If you will be represented in voicing your complaint, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: _____

Address: _____

Telephone number: (____) _____

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

6. What was the date of the decision or circumstances causing your complaint?

7. Please explain how you have been harmed by this decision or circumstance.

8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate?

On what date? _____

9. 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.

EXHIBIT B

RESPONSE TO LEVEL ONE COMPLAINT

_____ (date)

_____ (name of complainant)

_____ (address of complainant)

Dear _____:

Having considered the complaint we discussed in our Level One conference on _____ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

For the following reasons, I am unable to provide the remedy you seek:

I will take the following actions to grant the remedy you seek for your complaint:

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

Signature of supervisor, principal, or other appropriate administrator

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at _____ during regular business hours.

EXHIBIT C

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in DGBA(LOCAL). Appeals will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

Telephone number: (____) _____

3. Position: _____ Campus/Department: _____

4. If you will be represented in voicing your complaint, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may re-schedule the conference or hearing to a later date.

Name: _____

Address: _____

Telephone number: (____) _____

5. To whom did you present your complaint at Level One? _____

Date of conference: _____

Date you received a response to the Level One conference _____

6. Please explain specifically how you disagree with the outcome at Level One.

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

Employee signature: _____

Signature of employee's representative: _____

Date of filing: _____

EXHIBIT D

RESPONSE TO LEVEL TWO APPEAL

_____ (date)

_____ (name of complainant)

_____ (address of complainant)

Dear _____:

Having considered the appeal you presented at Level Two on _____ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

I am unable to grant your appeal. I will uphold the decision made at Level One by _____ (name) and communicated to you in the Level One response.

I wish to grant your appeal and have instructed _____ (name) to find a resolution in keeping with the remedy you seek.

Although I am unable to fully grant your appeal, I have instructed _____ (name) to take the following actions as a partial remedy to your complaint:

Superintendent or designee

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at _____ during regular business hours.

EXHIBIT E

LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in DGBA(LOCAL). Appeals will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

Telephone number: (____) _____

3. Position: _____ Campus/Department: _____

4. If you will be represented in voicing your complaint, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may re-schedule the conference or hearing to a later date.

Name: _____

Address: _____

Telephone number: (____) _____

5. To whom did you present your appeal at Level Two? _____

Date of conference: _____

Date you received a response to the Level Two conference: _____

6. Please explain specifically how you disagree with the outcome at Level Two.

7. Do you want the Board to hear this appeal in open session? _____

If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

8. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.
9. Attach a copy of the Level Two response being appealed, if applicable.

Employee signature: _____

Signature of employee's representative: _____

Date of filing: _____

EXHIBIT F

BOARD'S RESPONSE TO LEVEL THREE APPEAL

_____ (date)

_____ (name of complainant)

_____ (address of complainant)

Dear _____:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on _____ (date):

[Note: When preparing the letter or announcing the decision at the Board meeting, include only one of the following sentences.]

We have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two.

We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

Sincerely,

President of the Board of Trustees

_____ School District