

EXHIBIT A

Employee Complaint Form: Level One

Any employee who wishes to file a Level One grievance must fill out this form completely and submit it to the employee's principal or immediate supervisor and with the human resources department. DGBA (LOCAL) requires that the complaint form be filed within fifteen business days of the time the grievant first knew or should have known of the event or the first of a series of events causing the complaint, decision, or action occasioning the grievance. All grievances will be processed in accordance with DGBA (LEGAL) and DGBA (LOCAL). This form will not be placed in the grievant's personnel file unless requested by the employee.

1. Name _____

Address _____ Phone (____) _____

2. Assignment/Campus _____

3. Provide the following information:

a. The date and a description of the event or series of events causing the grievance:

b. Nature of the grievance including the individual harm alleged:

c. Specific facts to support your grievance. You are also encouraged to attach any documentation you believe may be relevant to the grievance.

d. Specific remedy sought by the grievant:

e. Name, address, and telephone number of representative, if applicable:

Signature of Grievant or Representative _____ Date Submitted _____

Received By _____ Date Received _____

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be re-filed with all the required information if the re-filing 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

Notice of Appeal to the Superintendent: Level Two

In accordance with District policies DGBA (LEGAL) and DGBA (LOCAL), this form must be completed and appropriately filed by an employee appealing a Level One grievance to the Superintendent and with the human resources department. DGBA (LOCAL) requires that notice of appeal to Level Two be filed within ten (10) business days of receipt by the grievant of the Level One decision. This form may be amended subsequently if new issues are submitted at Level Two.

1. Name _____
Address _____ Phone (____) _____
2. Assignment/Campus _____
3. Date of the Level One grievance conference _____
4. Attach the following items:
 - a. A copy of the completed employee complaint form/Level One
 - b. A copy of the Level One decision.
5. Name, address, and telephone number of representative, if applicable.

Name _____
Address _____
Telephone _____

Signature of Grievant or Representative _____

Date Submitted _____

Received By _____

Date Received _____

EXHIBIT C

Notice of Appeal to the Board: Level Three

Dear Superintendent:

This form is to furnish you with written notice of my desire to appeal the decision arising from my Level Two grievance conference. Pursuant to the provisions of Board policy DGBA (LOCAL), please advise me of the date, time, and place of the Level Three grievance hearing before the Board. DGBA (LOCAL) requires that notice of appeal be filed in writing with the Superintendent and with the human resources department within ten (10) business days of receipt by the grievant of the Level Two decision.

The name, address, and telephone number of my representative, if applicable, are herein provided.

Name _____

Address _____

Telephone _____

Respectfully,

Signature of Grievant or Representative _____

Date Submitted _____

Received By _____

Date Received _____