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 — 1 page
Exhibit D: Response to Level Two Appeal — 1 page
Exhibit E: Level Three Appeal Notice — 1 page
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.

   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 refileing 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.
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:

________________________________________________________________________

________________________________________________________________________

_____________________________________________
(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.
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 appeal, please identify the person representing you.

   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.

   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.

   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

_________________________________________  SD