

EMPLOYEE GRIEVANCE FORM: LEVEL ONE

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 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 (Please list in detail).

6. PLEASE SPECIFY WHAT REMEDY YOU ARE SEEKING.

7. IF YOU ARE MAKING COMPLAINTS OR CHARGES AGAINST ANY SPECIFIC INDIVIDUALS. PLEASE IDENTIFY EACH OF THOSE INDIVIDUALS BY NAME:

8. IF YOU WILL BE REPRESENTED IN PRESENTING YOUR COMPLAINTS OR CHARGES AGAINST ANY SPECIFIC INDIVIDUALS, PLEASE IDENTIFY THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THAT INDIVIDUAL OR ORGANIZATION:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

9. ARE YOU ALLEGING A VIOLATION OF THE TEXAS WHISTLEBLOWER ACT?

YES _____

NO _____

10. ARE YOU ALLEGING ILLEGAL DISCRIMINATION? IF SO, SPECIFY THE AREA OF DISCRIMINATION?

11. ARE YOU ALLEGING VIOLATION OF POLICY OR LAW? IF SO, PLEASE IDENTIFY.

SIGNATURE: _____

DATE SUBMITTED: _____

**PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS
(EXHIBIT)**

DGBA

EMPLOYEE GRIEVANCE FORM: LEVEL TWO

An employee who wishes to file an appeal from a Level One decision must fill out this form completely and submit it to the Superintendent's Office in accordance with DGBA (LEGAL) and DGBA (LOCAL).

1. NAME:

2. POSITION/CAMPUS:

3. NAME OF ADMINISTRATOR WHOSE COMPLAINT DECISION YOU ARE
APPEALING:

4. DATE OF COMPLAINT CONFERENCE YOU ARE APPEALING:

5. IF YOU WILL BE REPRESENTED IN PURSUING YOUR COMPLAINT,
PLEASE IDENTIFY THAT INDIVIDUAL OR ORGANIZATION:

NAME:

ADDRESS:

TELEPHONE:

6. ATTACH COPY OF ORIGINAL COMPLAINT.

7. ATTACH COPY OF COMPLAINT DECISION BEING APPEALED.

SIGNATURE: _____ DATE: _____

**EMPLOYEE COMPLAINTS
(EXHIBIT)**

EMPLOYEE GRIEVANCE FORM: LEVEL THREE

An employee who wishes to file an appeal from a Level One decision must fill out this form completely and submit it to the Superintendent's Office in accordance with DGBA (LEGAL) and DGBA (LOCAL).

1. NAME:

2. POSITION/CAMPUS:

3. NAME OF ADMINISTRATOR WHOSE COMPLAINT DECISION YOU ARE
APPEALING:

4. DATE OF COMPLAINT CONFERENCE YOU ARE APPEALING:

5. IF YOU WILL BE REPRESENTED IN PURSUING YOUR COMPLAINT,
PLEASE IDENTIFY THAT INDIVIDUAL OR ORGANIZATION:

NAME:

ADDRESS:

TELEPHONE:

6. ATTACH COPY OF ORIGINAL COMPLAINT.

7. ATTACH COPY OF COMPLAINT DECISION BEING APPEALED.

SIGNATURE: _____ DATE: _____