

PERSONNEL-MANAGEMENT RELATIONS  
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA  
(EXHIBIT)

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: Response to Level Three Appeal — 1 page
- Exhibit G: Level Four Appeal Notice — 2 pages
- Exhibit H: Board's Response to Level Three Appeal — 1 page





# Marshall Independent School District

1305 East Pinecrest Drive • Marshall, TX 75670

Phone (903) 927-8700 • Fax (903) 937-0203

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## 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?

\_\_\_\_\_



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

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

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With whom did you communicate?

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On what date? \_\_\_\_\_

9. Please describe the outcome or remedy you seek for this complaint.

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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.*



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## 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 Administration Building during regular business hours.



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## 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 reschedule 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.



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Employee signature: \_\_\_\_\_

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_



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## 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 Administration Building during regular business hours.





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## 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 reschedule the conference or hearing to a later date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

5. To whom did you present your complaint 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. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

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



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Employee signature: \_\_\_\_\_

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_



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## RESPONSE TO LEVEL THREE APPEAL

\_\_\_\_\_ (date)  
\_\_\_\_\_ (name of complainant)  
\_\_\_\_\_ (address of complainant)  
\_\_\_\_\_

Dear \_\_\_\_\_:

Having considered the appeal you presented at Level Three 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 Two by \_\_\_\_\_ (name) and communicated to you in the Level Two 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 Administration Building during regular business hours.



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## LEVEL FOUR APPEAL NOTICE

To appeal a Level Three decision, or the lack of a timely response after a Level Three 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 reschedule the conference or hearing to a later date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: (\_\_\_\_)\_\_\_\_\_

5. To whom did you present your appeal at Level Three? \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level Three conference: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



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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 and Three appeal notice.
9. Attach a copy of the Level Three response being appealed, if applicable.

Employee signature: \_\_\_\_\_

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_



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## BOARD'S RESPONSE TO LEVEL FOUR APPEAL

\_\_\_\_\_ (date)

\_\_\_\_\_ (name of complainant)

\_\_\_\_\_ (address of complainant)

\_\_\_\_\_

Dear \_\_\_\_\_:

Having heard the presentation of your appeal at Level Four, 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 Three.

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