Dilley ISD

082-902

PERSONNEL-MANAGEMENT

RELATIONS EMPLOYEE COMPLAINTS/

GRIEVANCES

EMPLOYEE COMPLAINT FORM — LEVEL ONE

Any employee filing a complaint must fill out this form completely and submit it to his or her principal or immediate supervisor. All complaints will be processed in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

Name		
Position	Campus/Department	
Please state the date of	ease state the date of the event or series of events causing the complaint.	
Please state your comp	laint, including the individual harm alleged.	•
Please state specific factail).	cts of which you are aware to support your complaint (list in de-	
		•
Please state the remedy	y you seek for this complaint.	
lovee's signature		
aubmitted		•
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082-902

PERSONNEL-MANAGEMENT RELATIONS EMPLOYEE COMPLAINTS/GRIEVANCES

NOTICE OF APPEAL AT LEVEL TWO

This form must be filled out completely by an employee appealing a Level One decision, or the lack of a timely response after a Level One conference, to the Superintendent or designee in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1.	Name			
2.	Position			
3.	To whom did you last present your complaint	?		
	Date of conference			
4.	If you will be represented in pursuing your coorganization representing you.	emplaint, please identify the individual or		
	Name			
	Address			
	Telephone ()			
5.	Attach a copy of your original complaint.			
6.	Attach a copy of the Level One decision being	g appealed, if applicable.		
Emp	oloyee's signature			
Date	Date submitted			

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PERSONNEL-MANAGEMENT RELATIONS

EMPLOYEE COMPLAINTS/GRIEVANCES

NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision, or the lack of a timely response after a Level Two conference, to the Board, in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1.	Name			
2.	Position			
3.	To whom did you last present your complaint?			
	Date of conference			
4.	If you will be represented in pursuing your coorganization representing you.			
	Name			
	Address			
	Telephone ()			
5.	Attach a copy of your original complaint.			
6.	Attach copies of the Level One and Level Tw	o decisions, if applicable.		
Employee's signature				
Date	Date submitted			