
PROPOSED REVISIONS

The forms on the following pages are provided to assist the ESC in processing employee grievances.

- Exhibit A: Employee Grievance/~~Complaint~~ Form — Level One — ~~12~~¹³ pages
- Exhibit B: Report of Level One Conference by Supervisor/Administrator — 1 page
- Exhibit C: Notice of Appeal at Level Two — 1 page
- Exhibit D: Report of Level Two Conference by Executive Director or Designee — 1 page
- Exhibit E: Notice of Appeal to the Board at Level Three — 1 page
- Exhibit F: Board's Response to Level Three Appeal — 1 page

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT A

EMPLOYEE GRIEVANCE ~~COMPLAINT~~-FORM — LEVEL ONE

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

1. Name _____
2. Position _____ Division _____
3. Please state the date of the event or series of events causing the grievance/~~complaint~~.

4. Please state your grievance/~~complaint~~, including the individual harm alleged.

5. Please state specific facts of which you are aware to support your grievance/~~complaint~~ (list in detail).

6. Please state the remedy you seek for this grievance/~~complaint~~.

["I affirm that the above and attached statements are true to the best of my knowledge."](#)

Employee signature _____

Date submitted _____

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

Received by:

Signature of Individual

Printed Name of Individual

Date Received

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT B

REPORT OF LEVEL ONE CONFERENCE
BY SUPERVISOR/ADMINISTRATOR

1. Grievant's/~~Complainant's~~ name _____
2. Position _____ Division _____
3. Date and time of conference _____
4. The facts as presented by the grievant/~~complainant~~ are as follows:

5. In my opinion, the allegations made in the original grievance/~~complaint~~ (are) (are not) adequately supported by the facts submitted.
Explanation _____

6. In my opinion, the remedy sought by the grievant/~~complainant~~ (is) (is not) justified by the facts submitted.
Explanation _____

7. The decisions made or recommendations agreed upon as a result of the conference are as follows:

Signature of supervisor/administrator _____

Date _____

Before submitting this report to the Executive Director or designee, attach a copy of the ~~complainant's~~ grievant's original written grievance/~~complaint~~ (Exhibit A) and a copy of the written response that was given to the employee.

Received by:

Executive Director or designee _____

Date _____

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT C

NOTICE OF APPEAL AT LEVEL TWO

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

1. Name _____

2. Position _____ Division _____

3. To whom did you last present your grievance/~~complaint~~?

Date of conference _____

4. If you will be represented in pursuing your grievance/~~complaint~~, please identify the individual or organization representing you.

Name _____

Address _____

Telephone _____

5. Attach a copy of your original grievance/~~complaint~~.

6. Attach a copy of the Level One decision being appealed, if applicable.

"I affirm that the above and attached statements are true to the best of my knowledge."

Employee signature _____

Date submitted _____

Received by:

Signature of Individual

Printed Name of Individual

Date Received

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT D

REPORT OF LEVEL TWO CONFERENCE
BY EXECUTIVE DIRECTOR OR DESIGNEE

1. Grievant's/~~Complainant's~~ name _____
2. Position _____ Division _____
3. Date and time of conference _____
4. The facts as presented by the grievant/~~complainant~~ are as follows:

5. In my opinion, the allegations made in the original grievance/~~complaint~~ (are) (are not) adequately supported by the facts submitted.
Explanation _____

6. In my opinion, the remedy sought by the grievant/~~complainant~~ (is) (is not) justified by the facts submitted.
Explanation _____

7. The decisions made or recommendations agreed upon as a result of the conference are as follows:

Signature of Executive Director or designee _____

Date _____

Before submitting this report to the Board, attach a copy of the employee's original written grievance/~~complaint~~ (Exhibit A), a copy of the Level One Report (Exhibit B), and copies of the written responses that have been given to the employee by the supervisor/administrator and by the Executive Director or designee.

Received by (if completed by a designee)

Executive Director _____

Date _____

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT E

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 appealing 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 _____ Division _____
3. To whom did you last present your grievance/~~complaint~~? _____

Date of conference _____

4. If you will be represented in pursuing your grievance/~~complaint~~, please identify the individual or organization representing you.

Name _____

Address _____

Telephone _____

5. Attach a copy of your original grievance/~~complaint~~.
6. Attach copies of the Level One and Level Two decisions, if applicable.

"I affirm that the above and attached statements are true to the best of my knowledge."

Employee signature _____

Date submitted _____

Received by:

Signature of Individual

Printed Name of Individual

Date Received

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT F

BOARD'S RESPONSE TO LEVEL THREE APPEAL

_____ (date)

_____ (name of grievant/~~complainant~~)

_____ (address of grievant/~~complainant~~)

Dear _____:

Having heard the presentation of your grievance/~~complaint~~ 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 grievance/~~complaint~~ and have upheld the decision made by the Executive Director (or designee) at Level Two.

We have granted the grievance/~~complaint~~ and have instructed the Executive Director to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted the grievance/~~complaint~~ and have instructed the Executive Director as follows:

Sincerely,

President of the Board of Directors

Region 20 Education Service Center