

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 — 1 page

Exhibit B: Employee Complaint Form — Notice of Appeal — Level Two — 1 page

Exhibit C: Employee Complaint Form — Notice of Appeal — Level Three — 1 page

EXHIBIT A

DENTON INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE COMPLAINT FORM — LEVEL ONE

Any employee who wishes to file a complaint must fill out this form completely and turn it in to the employee's principal or immediate supervisor. All complaints will be processed in accordance with DISD policies DGBA(LEGAL) and DGBA(LOCAL). Please use additional sheets of paper as necessary to completely respond. Failure to give complete details, including dates, will prevent those details from being considered in resolution of the grievance. Copies of any documents that support the complaint should be attached to the complaint form. If the employee does not have copies of these documents, they may be presented at the Level One conference. **After the Level One conference, no new documents may be submitted unless the employee did not know, and could not have known, the documents existed before the Level One conference.**

1. Name \_\_\_\_\_
2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
3. Please state the first date of the event or series of events causing the complaint.  
\_\_\_\_\_

4. Please state your complaint, including the harm which you allege to have occurred.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please state the remedy you are seeking.  
\_\_\_\_\_  
\_\_\_\_\_

6. Please state specific facts of which you are aware to support your complaint. List in detail and include dates when applicable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If hand delivered, make two copies. Leave one with administration. Keep the other. If mailed, send certified with return receipt requested. DO NOT FAX.

7. Name and Date of receipt by principal or immediate supervisor:  
\_\_\_\_\_

To Be Completed by an Administrator Only  
Signature of Grievant \_\_\_\_\_  
Date \_\_\_\_\_

EXHIBIT B

DENTON INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE COMPLAINT FORM  
NOTICE OF APPEAL — LEVEL TWO

This form must be filled out completely by an employee appealing a Level One complaint decision to a Level Two in accordance with DISD policies DGBA(LEGAL) and (LOCAL).

1. Name \_\_\_\_\_
2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
3. Name and position of administrator whose complaint decision you are appealing:  
\_\_\_\_\_
4. Are you appealing a decision at Level One? \_\_\_\_\_ If not, please complete a Level One form (EXHIBIT A) and attach to this Level Two form.
5. Date of complaint conference you are appealing: \_\_\_\_\_
6. How has the previous decision failed to fulfill the remedy sought in your complaint?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If you will be represented in pursuing your complaint, please identify that individual and/or organization.  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
8. The hearing officer will notify you, not your representative, of the hearing date.
9. Attach a COPY OF THE ORIGINAL COMPLAINT AND A COPY OF THE COMPLAINT DECISION being appealed to this Notice of Appeal. DELIVER ORIGINAL AND COPY TO LEVEL ONE HEARING OFFICER AND HAVE ADMINISTRATOR ACKNOWLEDGE RECEIPT OF BOTH AND RETAIN COPY FOR YOUR RECORDS. DO NOT FAX.

Signature of Grievant \_\_\_\_\_

For Administrator Completion Only:

Administrator's Name & Date of Receipt \_\_\_\_\_

EXHIBIT C

DENTON INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE COMPLAINT FORM  
NOTICE OF APPEAL — LEVEL THREE  
BOARD OF TRUSTEES OR BOARD'S DESIGNEE

This form must be filled out completely by an employee appealing a complaint decision from Level Two to Level Three in accordance with DISD policies DGBA(LEGAL) and (LOCAL).

1. Name \_\_\_\_\_
2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
3. Date of the Level Two conference you are appealing \_\_\_\_\_
4. Name of Level Two hearing officer \_\_\_\_\_
5. How has the previous decision failed to fulfill the remedy sought in your complaint?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. If you will be represented in pursuing your complaint, please identify that individual and/or organization.  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
7. The hearing officer will notify you, not your representative, of the hearing date.
8. Attach a COPY OF THE ORIGINAL COMPLAINT, NOTICE OF APPEAL TO LEVEL TWO, AND A COPY OF EACH COMPLAINT DECISION being appealed to this Notice of Appeal. DELIVER ORIGINAL AND COPY TO LEVEL TWO HEARING OFFICER AND HAVE ADMINISTRATOR ACKNOWLEDGE RECEIPT OF BOTH AND RETAIN COPY FOR YOUR RECORDS. DO NOT FAX.

Signature of Grievant \_\_\_\_\_

For Administrator Completion Only:

Administrator's Name & Date of Receipt \_\_\_\_\_