

PERSONNEL-MANAGEMENT RELATIONS:  
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA  
(EXHIBIT)

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The forms on the following pages are provided to assist the District in processing employee complaints.

Exhibit A: Employee Complaint Form - Level One - 1 page

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 Superintendent 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

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**EXHIBIT A**

**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.

1. Name \_\_\_\_\_

2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

3. Please state the date of the event or series of events causing the complaint.

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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6. Please state the remedy you seek for this complaint.

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

Date submitted \_\_\_\_\_

**EXHIBIT B**

**REPORT OF LEVEL ONE CONFERENCE**

**BY SUPERVISOR/ADMINISTRATOR**

1. Complainant's name \_\_\_\_\_

2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

3. Date and time of conference \_\_\_\_\_

4. The facts as presented by the complainant are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In my opinion, the remedy sought by the 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 Superintendent or designee, attach a copy of the complainant's original written complaint (Exhibit A) and a copy of the written response that was given to the employee.

Received by:

Superintendent or designee \_\_\_\_\_

Date \_\_\_\_\_

**EXHIBIT C**

**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 \_\_\_\_\_ Campus/Department \_\_\_\_\_

3. To whom did you last present your complaint? \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

5. Attach a copy of your original complaint.

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

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

Date submitted \_\_\_\_\_

**EXHIBIT D**

**REPORT OF LEVEL TWO CONFERENCE**

**BY SUPERINTENDENT OR DESIGNEE**

1. Complainant's name \_\_\_\_\_

2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

3. Date and time of conference \_\_\_\_\_

4. The facts as presented by the complainant are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In my opinion, the remedy sought by the 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 Superintendent or designee \_\_\_\_\_

Date \_\_\_\_\_

Before submitting this report to the Board, attach a copy of the employee's original written 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 Superintendent or designee.

Received by (if completed by a designee)

Superintendent \_\_\_\_\_

Date \_\_\_\_\_

**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 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 \_\_\_\_\_ Campus/Department \_\_\_\_\_

3. To whom did you last present your complaint? \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

5. Attach a copy of your original complaint.

6. Attach copies of the Level One and Level Two decisions, if applicable.

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

Date submitted \_\_\_\_\_

**EXHIBIT F**

**BOARD'S RESPONSE TO LEVEL THREE APPEAL**

\_\_\_\_\_

(date)

\_\_\_\_\_

(name of complainant)

\_\_\_\_\_

(address of complainant)

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

Having heard the presentation of your 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 complaint and have upheld the decision made by the Superintendent (or designee) at Level Two.

We have granted the complaint and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted the complaint and have instructed the Superintendent as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sincerely,

\_\_\_\_\_

President of the Board of Trustees

\_\_\_\_\_ SD

DATE ISSUED: 06/08/2001  
UPDATE 18  
DGBA(E)-RRM

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**This online presentation of your district's policy is an electronic representation of TASB's record of the district's currently adopted policy manual. It does not reflect updating activities in progress. The official, authoritative manual is available for inspection in the office of the Superintendent. [See BF (LOCAL) for further information.]**

