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

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: Board's Response to Level Three Appeal — 1 page
EMPLOYEE COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, 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: __________________________________

    E-mail address: ______________________________________

3. Position: ________________________ Campus/Department: ______________

4. If you will be represented in presenting 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: __________________________________

   E-mail address: _____________________________________

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

   ____________________________________________________

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6. What was the date of the decision or circumstances causing your complaint?

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

8. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and with whom you communicated regarding your concerns.

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

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.
EXHIBIT B

RESPONSE TO LEVEL ONE COMPLAINT

________________________________ (date)

________________________________ (name of complainant)

________________________________ (address of complainant)

________________________________

________________________________ (e-mail of complainant)

Dear ____________________________:

Having considered the complaint at the 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 appeal forms are available at ____________________________ during regular business hours.
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, electronic communication, 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:____________________________________________________

E-mail address:________________________________________________________

3. Position:________________________________ Campus/Department: ____________

4. If you will be represented in presenting your appeal, 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:____________________________________________________

E-mail address:________________________________________________________

5. Who held the Level One conference? ________________________________

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.

________________________________________________________________________

________________________________________________________________________

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7. Attach a copy of your original Level One complaint and any documentation submitted at Level One.

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

Employee signature: __________________________________________________________

Signature of employee's representative: _______________________________________

Date of filing: ________________________________________________________________

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refileing is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.
RESPONSE TO LEVEL TWO APPEAL

(date)
(name of complainant)
(address of complainant)
(e-mail of complainant)

Dear ________________:

Having considered the Level Two appeal 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 appeal forms are available at __________________________ during regular business hours.

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EXHIBIT E

LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of a timely response after a Level Two confer-
ence, please fill out this form completely and submit it by hand delivery, electronic commu-
ication, 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: _________________________________________________

E-mail address: ______________________________________________________

3. Position: ____________________________ Campus/Department: _____________

4. If you will be represented in presenting your appeal, please identify the person re-
presenting 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 neces-
sary 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 re-
schedule the conference or hearing to a later date.

Name: __________________________________________________________

Address: _________________________________________________________

___________________________________________________________________

Telephone number: _________________________________________________

E-mail address: _____________________________________________________

Who held the Level Two conference? _________________________________

Date of conference: __________________________

Date you received a response to the Level Two conference: ________________

5. Please explain specifically how you disagree with the outcome at Level Two.

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

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6. Do you want the Board to hear this appeal in open session?  □ Yes □ No
   If so, the Board will consider your request; however, you may not have a legal right un-
   der the Texas Open Meetings Act to require a meeting in open session.

7. Attach a copy of your original Level One 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.

Employee signature: ________________________________

Signature of employee's representative: ________________________________

Date of filing: ________________________________

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may
be refilled with all the required information if the refiling is within the designated time for filing
a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your
records.
EXHIBIT F

BOARD'S RESPONSE TO LEVEL THREE APPEAL

________________________________________________________________________ (date)

________________________________________________________________________ (name of complainant)

________________________________________________________________________ (address of complainant)

________________________________________________________________________

________________________________________________________________________ (e-mail of complainant)

Dear __________________________:

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

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