



# **LONGVIEW ISD**

## **EMPLOYEE GRIEVANCE PROCESS**



### Employee Complaint Form – Level One LEVEL ONE

To file a 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 \_\_\_\_\_

3. Telephone number (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

4. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

5. If you will be represented in presenting your complaint, please identify the individual or organization representing you. If the person representing you will participate by telephone or video conference, please check the box below. The District will inform you if the equipment necessary for telephone or video representation is unavailable.

Representation will be by telephone or video conference call.

Representation will be by video conference call.

**Please note:** You must designate a representative who will be participating in person or by telephone/video 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: \_\_\_\_\_ Email address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List the date(s) of the decision or circumstance(s) causing your complaint. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please describe any efforts you have made to resolve your concerns. Note, informal resolution is encouraged, but does not extend any deadlines within policy DGBA (LOCAL), unless by mutual written consent.

\_\_\_\_\_

\_\_\_\_\_

10. With whom did you communicate? \_\_\_\_\_ Date \_\_\_\_\_

11. What was the response? \_\_\_\_\_

\_\_\_\_\_

12. Please describe the outcome or remedy you seek for this complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Representative's signature \_\_\_\_\_

Date of filing \_\_\_\_\_

***Complainant, please note:***

***A complaint form that is incomplete in any material aspect 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.***



## Employee Complaint Form – Level Two Appeal Notice REQUEST FOR LEVEL TWO CONFERENCE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, complete this form in its entirety and submit by hand delivery, electronic communication, or U.S. mail to the appropriate administrator within the time frame established in Board Policy DGBA (Local). Appeals will be heard in accordance with DGBA (Legal) and (Local).

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

2. Address \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

3. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

4. If you will be represented in pursuing your appeal, please identify the individual or organization representing you. If the person representing you will participate by telephone or video conference call, please check the box below. The District will inform you if the equipment necessary for telephone or video representation is unavailable.

Representation will be by telephone conference call.

Representation will be by video conference call.

**Please note:** You must designate a representative who will be participating in person or by telephone/video 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: \_\_\_\_\_ Email address: \_\_\_\_\_

5. Who held the Level One conference? \_\_\_\_\_

Date of Level One Hearing: \_\_\_\_\_

Date you received a response to the Level One conference? \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level One: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Representative's signature \_\_\_\_\_

Date of filing \_\_\_\_\_

***Complainant, please note:***

***A complaint or appeal form that is incomplete in any material aspect may be dismissed but may be refiled 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.***



## Employee Complaint Form – Level Three Appeal Notice

### NOTICE OF APPEAL TO THE SUPERINTENDENT or DESIGNEE

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, complete this form in its entirety and submit by hand delivery, electronic communication, or U.S. mail to the Superintendent or designee within the time frame established in Board Policy DGBA (Local). Appeals will be heard in accordance with DGBA (Legal) and (Local).

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_
4. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
5. If you will be represented in pursuing your appeal, please identify the individual or organization 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.
  - Representation will be by video conference call.

**Please note:** You must designate a representative who will be participating in person or by telephone/video 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: \_\_\_\_\_ Email address: \_\_\_\_\_

6. Who held the Level Two conference? \_\_\_\_\_
7. Date of conference \_\_\_\_\_
8. Date you received a response to the Level Two conference \_\_\_\_\_
9. Please explain specifically how you disagree with the outcome at Level Two:  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Attach a copy of your original Level One complaint and any documentation submitted at Level One, as well as a copy of the Level 1 decision and your Level Two appeal notice.

11. Attach a copy of the Level Two response being appealed, if applicable.

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

Representative's Signature \_\_\_\_\_

Date of filing \_\_\_\_\_

***Complainant, please note:***

***A complaint or appeal form that is incomplete in any material aspect may be dismissed but may be refiled 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.***



## Employee Complaint Form – Level Four Appeal Notice

### NOTICE OF APPEAL TO THE BOARD

To appeal a Level Three decision, or the lack of a timely response after a Level Three conference, complete this form in its entirety and submit by hand delivery, electronic communication, or U.S. mail to the Superintendent or designee within the time frame established in Board Policy DGBA (Local). Appeals will be heard in accordance with DGBA (Legal) and (Local) or any exceptions outlined therein.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_
4. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
5. If you will be represented in pursuing your appeal, please identify the individual or organization representing you. If the person representing you will participate by telephone or video conference call, please check the box below. The District will inform you if the equipment necessary for telephone or video representation is unavailable.
  - Representation will be by telephone conference call.
  - Representation will be by video conference call.

**Please note:** You must designate a representative who will be participating in person or by telephone/video 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: \_\_\_\_\_ Email address: \_\_\_\_\_

6. Who held the Level Three conference? \_\_\_\_\_

7. Date of conference: \_\_\_\_\_

8. Date you received a response to the Level Three conference: \_\_\_\_\_

9. Please explain specifically how you disagree with the outcome at Level Three:

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10. 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 under the Texas Open Meetings Act to require a grievance appeal to be heard in an open meeting of the Board.*
11. Attach a copy of your original Level One complaint and any documentation submitted at Level One, a copy of the decisions made at Level One and Two, as well as the Level Two and Three appeal notices.
12. Attach a copy of the Level Three response being appealed, if applicable.

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

Representative's Signature \_\_\_\_\_

Date of filing \_\_\_\_\_

***Complainant, please note:***

***A complaint or appeal form that is incomplete in any material aspect may be dismissed but may be refiled 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.***