

The following forms are provided to assist the District in processing employee complaints on levels one, two, and three.

[Exhibit A:](#) Employee Complaint Form: Level One 1 page

[Exhibit B:](#) Supervisor/Administrator Report of Level One Conference 1 page

[Exhibit C:](#) Notice of Appeal: Level Two 1 page

[Exhibit D:](#) Notice of Appeal to the Board: Level Three 1 page

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 _____

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).

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

Employee Signature

Date Submitted

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EXHIBIT B

SUPERVISOR/ADMINISTRATOR REPORT OF LEVEL ONE CONFERENCE

1. Complainant's name _____

2. Position/campus _____

3. Date and time of conference _____

4. Set forth the facts as presented by the complainant. _____

5. In your opinion, were the allegations made in the original complaint adequately supported by facts submitted? _____ Yes _____ No

Please explain: _____

6. In your opinion, is the remedy sought by the complainant justified by the facts submitted? _____ Yes _____ No

Please explain: _____

7. What decisions were made or recommendations agreed upon as a result of the conference?

Signature of Supervisor/Administrator

Date

Attach a copy of the complainant's original written complaint (Exhibit A) and a copy of the written response from the supervisor/administrator before submitting.

Received by

Superintendent

Date

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EXHIBIT C

NOTICE OF APPEAL: LEVEL TWO

This form must be filled out completely by an employee appealing a Level One decision to the Superintendent or designee in accordance with the District's policies [DGBA \(LEGAL\)](#) and [\(LOCAL\)](#) or any exceptions outlined therein.

1. Name _____

2. Position/campus _____

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 (____) _____

Additional representatives, if any:

5. Attach a copy of the original complaint.

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

Employee Signature

Date Submitted

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EXHIBIT D

NOTICE OF APPEAL TO THE BOARD: LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision to the Board, in accordance with the District's policies [DGBA \(LEGAL\)](#) and [\(LOCAL\)](#) or any exceptions outlined therein.

1. Name _____

2. Position/campus _____

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 (____) _____

Additional representatives, if any:

5. Attach a copy of the original complaint and the Level One and Level Two decisions.

Employee Signature

Date Submitted

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