

EXHIBIT A

**EMPLOYEE COMPLAINT FORM - LEVEL ONE**

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, 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.

- Name \_\_\_\_\_
- Address \_\_\_\_\_  
\_\_\_\_\_
- Telephone number ( \_\_\_ ) \_\_\_\_\_
- Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
- If you will be represented in voicing your complaint, please identify the person representing you.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number ( \_\_\_ ) \_\_\_\_\_
- Please describe the decision or circumstances causing your complaint (give specific factual details).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What was the date of the decision or circumstances causing your complaint?  
\_\_\_\_\_
- Please explain how you have been harmed by this decision or circumstance.  
\_\_\_\_\_  
\_\_\_\_\_

PERSONNEL–MANAGEMENT RELATIONS:  
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA  
(EXHIBIT)

- Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

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With whom did you communicate?\_\_\_\_\_

On what date?\_\_\_\_\_

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

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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 reified with all the required information if the refileing 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 C

**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, fax, 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.

- Name \_\_\_\_\_
- Address \_\_\_\_\_  
\_\_\_\_\_
- Telephone number ( \_\_\_ ) \_\_\_\_\_
- Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
- If you will be represented in voicing your appeal, please identify the person representing you.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number ( \_\_\_ ) \_\_\_\_\_
- To whom did you present your complaint at Level One? \_\_\_\_\_  
Date of conference \_\_\_\_\_  
Date you received a response to the Level One conference \_\_\_\_\_
- Please explain specifically how you disagree with the outcome at Level One.  
\_\_\_\_\_  
\_\_\_\_\_
- Attach a copy of your original complaint and any documentation submitted at Level One.
- Attach a copy of the Level One response being appealed, if applicable.

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

Signature of employee's representative \_\_\_\_\_

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

EXHIBIT E

**LEVEL THREE APPEAL NOTICE**

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, 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.

- Name \_\_\_\_\_
- Address \_\_\_\_\_  
\_\_\_\_\_
- Telephone number ( \_\_\_ ) \_\_\_\_\_
- Position \_\_\_\_\_ Campus/Department \_\_\_\_\_
- If you will be represented in voicing your appeal, please identify the person representing you.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone number ( \_\_\_ ) \_\_\_\_\_
- To whom did you present your appeal at Level Two? \_\_\_\_\_  
Date of conference \_\_\_\_\_  
Date you received a response to the Level Two conference \_\_\_\_\_
- Please explain specifically how you disagree with the outcome at Level Two.  
\_\_\_\_\_  
\_\_\_\_\_
- Do you want the Board to hear this appeal in open session? \_\_\_\_\_  
*Please be aware that the Texas Open Meetings Act may prevent the Board from granting a request for open session.*
- Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.
- Attach a copy of the Level Two response being appealed, if applicable.

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

Signature of employee's representative \_\_\_\_\_

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