

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

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

- Exhibit A: Employee Grievance Form — 1 page
- Exhibit B: Grievances: Notice of Appeal — 1 page
- Exhibit C: Grievances: Notice of Appeal to the Board — 1 page

EXHIBIT A

EMPLOYEE GRIEVANCE FORM

Any employee who wishes to file a grievance must fill out this form completely and file by hand delivery, fax, or U.S. Mail to the director of talent experience (formerly the director of employee services) at 16431 Lexington Blvd., Suite 204, Sugar Land, TX 77479. All grievances will be processed in accordance with DGBA(LEGAL) and (LOCAL). Failure to complete this form in its entirety will result in the form being returned to the grievant; no grievance will proceed until all details are completed.

1. Name: _____

2. Position/campus: _____

3. Please state date of the event or series of events causing the grievance (must be within ten District business days of the date of filing this grievance form): _____

4. Please state your grievance including the individual harm alleged.

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

6. Relief sought:

Signature: _____ Date submitted: _____

EXHIBIT B

GRIEVANCES: NOTICE OF APPEAL

This form must be filled out completely by an employee appealing a grievance decision to the next level in accordance with the District's DGBA policy. The completed form should be filed by hand delivery, fax, or U.S. Mail to the director of talent experience (formerly the director of employee services) at 16431 Lexington Blvd., Suite 204, Sugar Land, TX 77479. Failure to complete this form in its entirety will result in the form being returned to the grievant; no appeal will proceed until all details are completed.

1. Name: _____

2. Position/campus: _____

3. Name of administrator whose grievance decision you are appealing: _____

4. Are you appealing a decision at
Level One? _____ Level Two? _____

5. Date of grievance conference you are appealing: _____

6. If you will be represented in pursuing your grievance, please identify that individual or organization.

Name: _____

Address: _____

Telephone: (_____) _____

7. Attach copy of original grievance.

8. Attach copy of grievance decision being appealed.

9. If any relief has been granted at any level, state why you feel it is inadequate. New or different relief may not be requested on appeal.

Signature: _____ Date submitted: _____

EXHIBIT C

GRIEVANCES: NOTICE OF APPEAL TO THE BOARD

This form must be filled out completely by an employee appealing a grievance decision to the Board in accordance with the District's DGBA policy. The completed form should be filed by hand delivery, fax, or U.S. Mail to the director of talent experience (formerly the director of employee services) at 16431 Lexington Blvd., Suite 204, Sugar Land, TX 77479. Failure to complete this form in its entirety will result in the form being returned to the grievant; no appeal will proceed until all details are completed.

1. Name: _____

2. Position/campus: _____

3. Date of the grievance conference you are appealing: _____

4. If relief has been granted at any level, explain with specificity why you feel it is inadequate.

Note: If the relief requested at level one has been granted, no appeal is permitted.

5. If you will be represented in pursuing your grievance, please identify that individual or organization.

Name: _____

Address: _____

Telephone: (_____) _____

6. Attach copy of original grievance and all grievance decisions.

Signature: _____ Date submitted: _____