



West Oso Independent School District Employee Complaint/Grievance Form Level One

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or US mail to the **campus principal, immediate supervisor, or other person specified in policy DGBA (LOCAL)** within the time established in DGBA (LOCAL). All complaints will be heard in accordance with DGBA (LEGAL) AND (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information.

1. Name _____
2. Position/Campus _____
3. The date of the event or action that gave rise to this complaint _____
4. A detailed factual description of all of the circumstance(s) that gave rise to this complaint. (Use additional pages if necessary.)

5. Explain specifically how you were harmed or injured by the facts that you provided in response to item 4 above.

6. Specifically identify, and attach if possible, any documents upon which you will rely during the grievance process and explain what those documents will prove. (If you do not have these documents at the time you file your grievance, you will be able to provide copies at the Level One conference. However, please identify to the best of your ability what those documents are and what you think they will prove.)

7. Identify the specific policy or policies, constitutional or statutory provision, or administrative regulations that you allege have been misapplied or the specific type of discrimination that you allege was committed. For each, provide the facts that support your allegations.

8. The district wants to have all complaints resolved informally or at the lowest possible level. Explain your efforts to informally resolve your complaint including whom you spoke with, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation why not.

9. Identify the remedy you seek for this complaint.

Employee's Signature

Date Submitted

If you will be represented invoicing your complaint, please identify the person representing you.

Name _____

Address: _____

Phone: _____



West Oso Independent School District Employee Complaint/Grievance Form Level TWO

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 US mail to the **superintendent** within the time established in DGBA (LOCAL). All appeals will be heard in accordance with DGBA (LEGAL) AND (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information.

1. Name _____
2. Identify the administrator who held the Level One conference and provided the Level One decision _____
3. Identify the date you received the Level One decision _____
4. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the superintendent or his/her designee to review.

5. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 4 above.

6. Attach the documents you relied upon at Level One (if any) and explain how they support your position at response 4 and 5 above. Only those documents identified will be considered at Level Two.

7. Identify the remedy you seek at Level Two.

Employee's Signature

Date Submitted

If you will be represented invoicing your complaint, please identify the person representing you.

Name _____

Address: _____

Phone: _____



West Oso Independent School District Employee Complaint/Grievance Form Level THREE

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 US mail to **superintendent** within the time established in DGBA (LOCAL). All appeals will be heard in accordance with DGBA (LEGAL) AND (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information.

1. Name _____
2. Identify the administrator who held the Level Two conference and provided the Level Two decision _____
3. Identify the date you received the Level Two decision _____
4. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

5. Specifically state why you disagree with the part(s) of the Level Two decision that you identified in response to number 4 above.

6. Attach the documents you relied upon at Level Two (if any) and explain how they support your position at response 4 and 5 above. Only those documents identified will be considered at Level Three.

7. Please identify the remedy that you seek at Level Three.

8. Do you want the Board to hear this appeal in open session? _____

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 meeting in open session.

Employee's Signature

Date Submitted

If you will be represented invoicing your complaint, please identify the person representing you.

Name _____

Address: _____

Phone: _____