



# EMPLOYEE COMPLAINT/GRIEVANCE LEVEL THREE

## Policy DGBA

### INSTRUCTIONS

To appeal a Level Two decision or the lack of a timely response after a Level Two conference, complete this form and submit by hand delivery, fax, or U.S. mail to the superintendent **or** to the human resources director within the time established in DGBA (LOCAL). Appeal will be heard in accordance with DGBA (LEGAL) AND DGBA (LOCAL).

An incomplete request for a Level Three presentation with the Waco ISD Board of Trustees may be dismissed. This form may be resubmitted with all the required information within the designated time for filing a complaint.

Attach to this form a copy of your original complaint and any documentation submitted at Level One and at Level Two.

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

Keep a copy of the completed form and any supporting documentation for your records.

Name: \_\_\_\_\_ Department/Campus: \_\_\_\_\_

Employee ID \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Telephone number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

.....  
1. If you will be represented in pursuing your complaint, please identify the individual and/or organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

2. To whom did you present your complaint at Level One and Level Two?

\_\_\_\_\_

3. Dates of Level One and Level Two Conferences: \_\_\_\_\_

4. Dates Level One and Level Two Responses Received: \_\_\_\_\_

5. Please state specifically how you disagree with the outcome of the Level Two response:

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

6. Please state specific remedy you sought in Level One and Level Two that was denied or not addressed that you are now seeking remedy at Level Three:

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date