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

Exhibit A: Employee Complaint Form — Level One — 2 pages
Exhibit B: Response to Level One Complaint — 1 page
Exhibit C: Level Two Appeal Notice — 2 pages
Exhibit D: Response to Level Two Appeal — 1 page
Exhibit E: Level Three Appeal Notice — 2 pages
Exhibit F: Board’s Response to Level Three Appeal — 1 page
Note: Informal resolution is encouraged but does not extend any deadlines in DGBA(LOCAL), except by mutual written consent.

Whistleblower complaints must be filed within the time specified by law and may be made to the Superintendent or designee beginning at Level Two.

EMPLOYEE COMPLAINT FORM — LEVEL ONE

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

1. Name: ________________________________________________________________

2. Address: _____________________________________________________________

   Telephone number: _____________________________________________________

   E-mail address: _________________________________________________________

3. Position: __________________________ Campus/Department: _________________

4. If you will be represented in presenting your complaint, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

   ☐ Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

   Name: _______________________________________________________________

   Address: _____________________________________________________________

   Telephone number: ___________________________________________________

   E-mail address: _______________________________________________________

5. Please describe the decision or circumstances causing your complaint (give specific factual details).
6. What was the date of the decision or circumstances causing your complaint?

7. Please explain how you have been harmed by this decision or circumstance.

8. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and with whom you communicated regarding your concerns.

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

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 refiled with all the required information if the refiling 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 B

RESPONSE TO LEVEL ONE COMPLAINT

_________________________________________ (date)

_________________________________________ (name of complainant)

_________________________________________ (address of complainant)

_________________________________________

_________________________________________ (e-mail of complainant)

Dear ________________________________:

Having considered the complaint at the Level One conference on __________________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

For the following reasons, I am unable to provide the remedy you seek:

________________________________________________________________________

________________________________________________________________________

I will take the following actions to grant the remedy you seek for your complaint:

________________________________________________________________________

________________________________________________________________________

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

________________________________________________________________________

________________________________________________________________________

__________________________

Signature of supervisor, principal, or other appropriate administrator

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA.LOCAL. The necessary appeal forms are available at __________________________ during regular business hours.

DATE ISSUED: 1/8/2015
UPDATE 48
DGBA(EXHIBIT)-RRM
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, electronic communication, 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.

1. Name: ____________________________

2. Address: ____________________________

    Telephone number: ________________________________
    E-mail address: ____________________________

3. Position: ____________________________ Campus/Department: ____________________________

4. If you will be represented in presenting your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: ____________________________

Address: ____________________________

    Telephone number: ________________________________
    E-mail address: ____________________________

5. Who held the Level One conference? ____________________________

   Date of conference: ____________________________
   Date you received a response to the Level One conference: ____________________________

6. Please explain specifically how you disagree with the outcome at Level One.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
7. Attach a copy of your original Level One complaint and any documentation submitted at Level One.

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

Employee signature: ____________________________________________

Signature of employee’s representative: ____________________________

Date of filing: ____________________________

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refileing is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.
EXHIBIT D

RESPONSE TO LEVEL TWO APPEAL

_________________________________________ (date)

_________________________________________ (name of complainant)

_________________________________________ (address of complainant)

_________________________________________

_________________________________________ (e-mail of complainant)

Dear ____________________________:

Having considered the Level Two appeal on __________________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

I am unable to grant your appeal. I will uphold the decision made at Level One by ___________________ (name) and communicated to you in the Level One response.

I wish to grant your appeal and have instructed ________________________ (name) to find a resolution in keeping with the remedy you seek.

Although I am unable to fully grant your appeal, I have instructed ________________ (name) to take the following actions as a partial remedy to your complaint:

Superintendent or designee

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary appeal forms are available at ___________________________ during regular business hours.
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, electronic communication, 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.

1. Name: ____________________________________________________________

2. Address: __________________________________________________________

________________________________________________________
Telephone number: _____________________________________________
E-mail address: ________________________________________________

3. Position: _____________________ Campus/Department: ________________

4. If you will be represented in presenting your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: ____________________________________________________________

Address: __________________________________________________________

________________________________________________________
Telephone number: _____________________________________________
E-mail address: ________________________________________________

Who held the Level Two conference? _________________________________

Date of conference: _____________________________

Date you received a response to the Level Two conference: ________________

5. Please explain specifically how you disagree with the outcome at Level Two.

____________________________________________________________________
6. Do you want the Board to hear this appeal in open session? □ Yes □ No
   *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.*

7. Attach a copy of your original Level One complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

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

Employee signature: ____________________________________________

Signature of employee’s representative: ____________________________

Date of filing: ____________________________

*Complainant, please note:*

*A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refileing is within the designated time for filing a complaint or appeal.*

*Please keep a copy of the completed form and any supporting documentation for your records.*
EXHIBIT F

BOARD’S RESPONSE TO LEVEL THREE APPEAL

____________________________________ (date)

____________________________________ (name of complainant)

____________________________________ (address of complainant)

____________________________________

____________________________________ (e-mail of complainant)

Dear ____________________________:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on ________________ (date):

[Note: When preparing the letter or announcing the decision at the Board meeting, include only one of the following sentences.]

We have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two.

We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

____________________________________

____________________________________

____________________________________

____________________________________

Sincerely,

____________________________________

President of the Board of Trustees

Ector County Independent School District