

Plano ISD
043910
PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES
DGBA(EXHIBIT)

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

[Exhibit A](#): Employee Complaint Form—Level One—2 pages

[Exhibit B](#): Report of Level One Conference by Supervisor or Administrator—1 page

[Exhibit C](#): Notice of Appeal at Level Two—1 page

[Exhibit D](#): Report of Level Two Conference by Executive Director for Human Resources or Designee—
1 page

[Exhibit E](#): Notice of Appeal at Level Three—1 page

[Exhibit F](#): Report of Level Three Conference by Superintendent, Assistant Superintendent for
Employee Services, or Designee—1 page

[Exhibit G](#): Notice of Appeal to the Board at Level Four—1 page

EXHIBIT A

EMPLOYEE COMPLAINT FORM—LEVEL ONE

Any employee filing a complaint must fill out this form completely and submit it to his or her principal or immediate supervisor. All complaints will be processed in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position: _____ Campus/Department: _____

3. Please state the date of the event or series of events causing the complaint.

4. Please state your complaint, including the individual harm alleged.

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

6. Please state the remedy you seek for this complaint.

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7. Has the date for filing your complaint been extended by mutual consent? _____

If so, who granted the extension? _____

On what date? _____

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

EXHIBIT B

REPORT OF LEVEL ONE CONFERENCE
BY SUPERVISOR OR ADMINISTRATOR

1. Complainant's name: _____

2. Position: _____ Campus/Department: _____

3. Date and time of conference: _____

4. The facts as presented by the complainant are as follows: _____

5. In my opinion, the allegations made in the original complaint (*are*) (*are not*) adequately supported by the facts submitted.

Explanation: _____

6. In my opinion, the remedy sought by the complainant (is) (is not) justified by the facts submitted.

Explanation: _____

7. The decisions made or recommendations agreed upon as a result of the conference are as follows:

Signature of supervisor/administrator Date

Before submitting this report to the Superintendent or designee, attach a copy of the complainant's original written complaint (EXHIBIT—A) and a copy of the written response that was given to the employee.

Received by: _____

Superintendent or designee Date

EXHIBIT C

NOTICE OF APPEAL AT LEVEL TWO

This form must be filled out completely by an employee appealing a Level One decision, or the lack of a timely response after a Level One conference, to the Executive Director for Human Resources or designee in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Campus/Department: _____
3. To whom did you last present your complaint? _____
Date and time of conference: _____
4. What is the basis of your appeal? _____

5. What relief are you requesting on appeal? _____

6. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.
Name: _____
Address: _____
Telephone number: (_____) _____
7. Attach a copy of your original complaint.
8. Attach a copy of the Level One decision being appealed, if applicable.

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

EXHIBIT D

REPORT OF LEVEL TWO CONFERENCE
BY EXECUTIVE DIRECTOR FOR HUMAN RESOURCES OR DESIGNEE

1. Complainant's name: _____
2. Position: _____ Campus/Department: _____
3. Date and time of conference: _____
4. The appeal as presented by the complainant is as follows: _____

5. In my opinion, the basis for appeal (is) (is not) adequately supported by the facts submitted.
Explanation: _____

6. In my opinion, the remedy sought by the complainant (is) (is not) justified by the facts submitted.
Explanation: _____

7. The decisions made or recommendations agreed upon as a result of the conference are as follows:

Executive Director for Human Resources or designee Date

Before submitting this report to the Board, attach a copy of the employee's original written complaint (EXHIBIT-A), a copy of the Level One report (EXHIBIT-B), and copies of the written responses that have been given to the employee by the supervisor/administrator and by the Executive Director for Human Resources or designee.

Received by: _____

Superintendent or designee

Date

EXHIBIT E

NOTICE OF APPEAL AT LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision, or the lack of a timely response after a Level Two conference, to the Superintendent, assistant superintendent for employee services, or designee in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Campus/Department: _____
3. To whom did you last present your complaint? _____
4. Date of conference: _____
5. What is the basis of your appeal? _____

6. What relief are you requesting on appeal? _____

7. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.
Name: _____
Address: _____
Telephone number: (_____) _____
8. Attach a copy of your original complaint.
9. Attach a copy of the Level One and Level Two decisions being appealed, if applicable.

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

EXHIBIT F

REPORT OF LEVEL THREE CONFERENCE
BY SUPERINTENDENT, ASSISTANT SUPERINTENDENT FOR
EMPLOYEE SERVICES, OR DESIGNEE

1. Complainant's name: _____
2. Position: _____ Campus/Department: _____
3. Date and time of conference: _____
4. The appeal as presented by the complainant is as follows: _____

5. In my opinion, the basis for the appeal (is) (is not) adequately supported by the facts submitted.
Explanation: _____

6. In my opinion, the remedy sought by the complainant (is) (is not) justified by the facts
submitted. Explanation: _____

7. The decisions made or recommendations agreed upon as a result of the conference are as
follows:

Signature of assistant superintendent for employee services or designee:

Date: _____

Before submitting this report to the Board, attach a copy of the employee's original written complaint (EXHIBIT-A), a copy of the Level One Report (EXHIBIT-B), a copy of the Level Two Report (EXHIBIT-D), and copies of the written responses that have been given to the employee by the supervisor or administrator.

Received by: _____

Superintendent or designee

Date

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EXHIBIT G

NOTICE OF APPEAL TO THE BOARD AT LEVEL FOUR

This form must be filled out completely by an employee appealing a Level Three decision, or the lack of a timely response after a Level Three conference, to the Board, in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Campus/Department: _____
3. To whom did you last present your complaint? _____
Date of conference: _____
4. What is the basis of your appeal? _____

5. What relief are you requesting on appeal? _____

6. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.
Name: _____
Address: _____
Telephone number: (_____) _____
7. Attach a copy of your original complaint.
8. Attach copies of the Level One, Level Two, and Level Three decisions, if applicable.

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____