

**Arlington Independent School District**  
**Employee Complaint Form**  
**Level One**

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level One complaint to your campus principal, immediate supervisor, or other person specified in policy DGBA (LOCAL).

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.)

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

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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.)

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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.

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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.

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9. Identify the remedy you seek for this complaint.

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Submitted

Name, address, and telephone and fax number of representative, if any.

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**Arlington Independent School District**  
**Employee Complaint Form**  
**Level Two**

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Two complaint to the Assistant Superintendent for Human Resources.

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 factually or legally disagree with that you want the superintendent's designee to review.

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

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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.

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Employee's Signature

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Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

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**Arlington Independent School District**  
**Employee Complaint Form**  
**Level Three**

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Three complaint to the Superintendent.

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 Superintendent to review.

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

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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.

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

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**Arlington Independent School District**  
**Employee Complaint Form**  
**Level Four**

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Four complaint to the Board of Trustees.

7. Name \_\_\_\_\_

8. Provide the Level Three decision by the Superintendent \_\_\_\_\_

9. Identify the date you received the Level Three decision \_\_\_\_\_

10. Attach a copy of the Level Three decision and specifically identify the part(s) of the Level Three decision that you want the Board of Trustees to review.

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

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

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\_\_\_\_\_  
Employee's Signature

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Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

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