

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 via email to HREmployeeRelations@arlingtonisd.org

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.

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

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

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 via email to HREmployeeRelations@arlingtonisd.org

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.

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.

Employee's Signature

Date Submitted

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

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 via email to HREmployeeRelations@arlingtonisd.org

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.

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.

Employee's Signature

Date Submitted

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

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 via email to HREmployeeRelations@arlingtonisd.org

1. Name _____

2. Provide the Level Three decision by the Superintendent _____

3. Identify the date you received the Level Three decision _____

4. 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.

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

6. 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.

Employee's Signature

Date Submitted

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