

PERSONNEL-MANAGEMENT RELATIONS:
EMPLOYEE COMPLAINTS

DGBA (E)
(EXHIBIT)

The forms on the following pages are provided to assist the District in processing employee complaints on levels one, two, and three.

Exhibit A: Employee Complaint Form: Level One- 1 page

Exhibit B: Notice of Appeal: Level Two- 1 page

Exhibit C: Notice of Appeal to the Board: Level Three- 1 page

Exhibit D: Supervisor/Administrator Report of Level One
Conference – 2 pages

ISSUED DATE: 07/17/92
UPDATE R9
DGBA (Y) – P -1

EXHIBIT A

EMPLOYEE COMPLAINT FORM: LEVEL ONE

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

1. Name: _____

2. Position/Campus _____

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

4. Please state your complaint including the individual harm alleged and the remedy sought:

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

Signature: _____ Date submitted: _____

EXHIBIT B

EMPLOYEE COMPLAINT FORM: LEVEL TWO

This form must be filled out completely by an employee appealing a level one decision to the Superintendent or designee in accordance with the District's policies DGBA and DGBA (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position/Campus: _____

3. To whom did you last appeal?: _____

Date: _____

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

Name: _____

Address: _____

Telephone: (____) _____

5. Attach copy of original complaint.

6. Attach copy of complaint decision being appealed.

Signature: _____ Date submitted: _____

EXHIBIT C

EMPLOYEE COMPLAINT FORM: LEVEL THREE

This form must be filled out completely by an employee appealing a level one decision to the Superintendent or designee in accordance with the District's policies DGBA and DGBA (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position/Campus: _____

3. To whom did you last appeal?: _____

Date: _____

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

Name: _____

Address: _____

Telephone: () _____

5. Attach copy of original complaint and all complaint decisions.

Signature: _____ Date submitted: _____