

ALTO ISD
EMPLOYEE COMPLAINT FORM—LEVEL ONE

To file a 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.

Name _____

Address _____

Telephone number (____) _____ **Email address** _____

Position _____ **Campus/Department** _____

Please indicate how you wish to receive formal correspondence related to your grievance:

Mail ☐ Email ☐ Hand Delivery ☐

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.

☐ Representation will be by telephone/video 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.

Representative Name: _____

Address: _____

Telephone number: _____

Email address: _____

Please describe the decision or circumstances causing your complaint (give specific factual details):

What was the date of the decision or circumstances causing your complaint? _____

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

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.

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.

ALTO ISD
LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of 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.

Name _____

Address _____

Telephone number (____) _____ **Email address** _____

Position _____ **Department/campus** _____

If you will be represented in pursuing your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below.

☐ Representation will be by telephone/video 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.

Representative Name: _____

Address: _____

Telephone number: _____

Email address: _____

Who held the Level One conference? _____

Date of conference _____

Date you received a response to the Level One conference _____

ALTO ISD
LEVEL TWO APPEAL NOTICE

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

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 refiling 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.

ALTO ISD
LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of 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.

Name _____

Address _____

Telephone number (____) _____ **Email address** _____

Position _____ **Department/campus** _____

If you will be represented in pursuing your appeal, please identify the individual or organization representing you. If the person representing you will participate by telephone conference call, please check the box below.

☐ Representation will be by telephone/video 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: _____

Email address: _____

Who held the Level Two conference? _____

Date of conference _____

Date you received a response to the Level Two conference _____

ALTO ISD
LEVEL THREE APPEAL NOTICE

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

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.

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 refiling 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.