Exhibit A — Employee Complaint Form — Level One

Note: Informal resolution is encouraged but does not extend any deadlines in DGBA(LOCAL), except by mutual written consent.

Whistleblower complaints must be filed within the time specified by law and may be made to the Superintendent or designee beginning at Level Two.

This form is required to initiate any employee complaint, regardless of the level at which the complaint begins.

A complaint form that is incomplete in any material way may be refiled with the District upon completion 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 you do not have copies of these documents, copies may be presented at the Level One hearing. After the Level One hearing, you may supplement the record with additional documents or include additional claims. Please keep a copy of the completed form and any supporting documentation for your records.

To file a formal 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.

(Please print)

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Campus/Department: _____

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. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

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?

_____

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 the person 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: _____

Exhibit B — Response to Level One Complaint

_____ *(date)*

_____ *(complainant's name)*

_____ *(complainant's address)*

_____ *(complainant's email)*

Dear _____:

Having considered the complaint at the Level One conference on _____ *(date)*, I have decided on the following response:

[Note: When preparing the letter, include only <u>one</u> of the following choices.]

For the following reasons, I am unable to provide the remedy you seek:

_____

_____

OR

I will take the following actions to grant the remedy you seek for your complaint:

_____

_____

OR

For the following reasons, I am unable to provide the full remedy you seek for your complaint:

_____

_____

I will take the following actions to provide a partial remedy:

_____

_____

The following documents support this decision:

_____

_____

_____ *(signature of supervisor, principal, or other appropriate administrator)*

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary appeal forms are available on the District's website at _____ *(insert URL)*. If you have any questions, please contact _____ *(insert position title)*.

Exhibit C — Level Two Appeal Notice

To appeal a Level One decision, or the lack of a 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: _____

Campus/Department: _____

If you will be represented in presenting your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone 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 number: _____

Email address: _____

Who held the Level One conference? _____

Date of conference: _____

Date you received a response to the Level One conference: _____

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

_____

_____

Attach a copy of the Level One response being appealed, if applicable.

Employee signature: _____

Signature of employee's representative: _____

Date of filing: _____

Exhibit D — Response to Level Two Appeal

_____ *(date)*

_____ *(complainant's name)*

_____ *(complainant's address)*

_____ *(complainant's email)*

Dear _____:

Having considered the Level Two appeal on _____ *(date)*, I have decided on the following response:

[Note: When preparing the letter, include only <u>one</u> of the following choices.]

For the following reasons, I am unable to grant your appeal:

_____

_____

I will uphold the decision made at Level One by _____ *(name)* and communicated to you in the Level One response.

OR

For the following reasons, I wish to grant your appeal:

_____

_____

I have instructed _____ *(name)* to find a resolution in keeping with the remedy you seek.

OR

For the following reasons, I am unable to fully grant your appeal:

_____

_____

I have instructed _____ *(name)* to take the following actions as a partial remedy to your complaint:

_____

_____

The following documents support this decision:

_____

_____

_____

_____, Superintendent *(or designee)*

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary appeal forms are available on the District's website at _____ *(insert URL)*. If you have any questions, please contact _____ *(insert position title)*.

Exhibit E — Level Three Appeal Notice

To appeal a Level Two decision, or the lack of a 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: _____

Campus/Department: _____

If you will be represented in presenting your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

☐ Representation will be by telephone 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 number: _____

Email address: _____

Who held the Level Two conference? _____

Date of conference: _____

Date you received a response to the Level Two conference: _____

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

_____

_____

Do you want the Board to hear this appeal in open session?

☐ No

☐ Yes

If yes, 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.

Attach a copy of the Level Two response being appealed, if applicable.

Employee signature: _____

Signature of employee's representative: _____

Date of filing: _____

Exhibit F — Board's Response to Level Three Appeal

_____ *(date)*

_____ *(complainant's name)*

_____ *(complainant's address)*

_____ *(complainant's email)*

Dear _____:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on _____ *(date)*:

[Note: When preparing the letter or announcing the decision at the Board meeting, include only <u>one</u> of the following choices.]

For the following reasons, we have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two:

_____

_____

_____

OR

For the following reasons, we have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek:

_____

_____

_____

OR

For the following reasons, we have partially denied and partially granted the appeal:

_____

_____

_____

We have instructed the Superintendent as follows:

_____

_____

_____

_____

The following documents support this decision:

_____

_____

_____

Pursuant to Education Code 7.057(a), a person may appeal in writing to the commissioner if the person is aggrieved by actions or decisions of the Board that violate the law or a provision of a written employment contract if a violation causes or would cause monetary harm to the employee. This section does not apply to Subchapter G, Chapter 21, or a student disciplinary action under Chapter 37.

Parents, students, or educators who have completed the grievance process and received the Board's final decision may file an appeal of the Board's final decision to the Commissioner of Education.

The only document required to file an appeal is the Petition for Review. Pursuant to Administrative Code 157.1049, a Petition for Review must be filed within 45 calendar days after the decision complained of is first communicated to the filing party.

The Petition for Review must be filed with TEA's Division of Hearings and Appeals (160) by electronic filing system, email to HearingsandAppeals@tea.texas.gov, mail or hand delivery to 1701 N. Congress Ave., Austin, Texas 78701, or facsimile (fax) to (512) 475-3662. See TEA's website for more information on grievance appeals.

Sincerely,

_____, President of the Board of Trustees

_____ School District