

WESLACO INDEPENDENT SCHOOL DISTRICT

EMPLOYEE COMPLAINT/GRIEVANCE FORM: LEVEL II

In accordance with District policies DGBA (LOCAL), this form shall be completed and appropriately filed by an employee appealing a Level I Complaint/Grievance to the Superintendent. DGBA (LOCAL) requires that notice of appeal to Level II be filed in writing not later than ten (10) district business days after receipt of the Level I decision.

1. Name: _____

Address: _____

Phone #: _____

2. Assignment/Campus: _____

3. Date of the Level I Complaint/Grievance Conference: _____

4. Attach the following items:

- a. A copy of the complete employee complaint form/Level I and any attachments submitted for the Level I Complaint conference.
- b. A copy of the Level I decision.

5. Name, address, and telephone number of representative, if applicable.

Name: _____

Address: _____

Phone #: _____

(Signature of Grievant/Representative)

Date Submitted

(Received by)

Date Received