

# WESLACO INDEPENDENT SCHOOL DISTRICT

## EMPLOYEE COMPLAINT/GRIEVANCE FORM: LEVEL III

Dear Superintendent:

This form is to furnish you with written notice of my desire to appeal the decision arising from my Level II Complaint/Grievance. Pursuant to the provisions of Board policy DGBA (LOCAL), please advise me of the date, time, and place of the Level III Appeal Hearing Conference before the Board of Trustees. DGBA (LOCAL) requires that notice of appeal be filed in writing with the Superintendent within ten (10) district business days following receipt of the Level II decision.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

The name, address, and telephone number of my representative, if applicable, are herein provided.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Respectfully,

\_\_\_\_\_  
(Signature of Grievant/Representative)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
(Received by)

\_\_\_\_\_  
Date Received