The forms on the following pages are provided to assist the District in processing employee complaints/grievances.

Exhibit A: Employee Complaint Form — Level One — 2 pages

Exhibit B: Level Two Appeal Notice — 2 pages

Exhibit C: Level Three Appeal Notice — 2 pages

EXHIBIT A

EMPLOYEE COMPLAINT FORM — LEVEL ONE

A grievance form must be filed no later than ten days from the date the employee first knew or, with reasonable diligence, should have known of the decision or action giving rise to the grievance or complaint. Grievance forms and appeal notices may be filed by hand delivery to the office of human resources at 2621 W. Airport Freeway, Irving, TX 75062, by e-mail submission to grievance@irvingisd.net, or by fax at (972) 215-5211 to the office of human resources. Filings will be considered timely if received by the office of human resources by the close of business on the deadline date.

1. Name:
2. Address:

Telephone number: (\_\_\_)

1. Position: Campus/Department:
2. If you will be represented in voicing your complaint, please identify the person representing you.

Name:

Address:

Telephone number: (\_\_\_)

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

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

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

1. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate?

On what date?

1. 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 grievance form that is incomplete must be refiled within five days of the date the grievance form was returned to the employee, with all of the requested information, in order for the grievance form to be considered timely and a hearing to be scheduled. All time limits will be strictly enforced.*

*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 or hearing. Please keep a copy of the completed form and any supporting documentation for your records.*

EXHIBIT B

LEVEL TWO APPEAL NOTICE

The Level Two appeal form must be filed within ten days of the date of the written Level One response or, if no response was received, within ten days of the Level One response deadline. Grievance forms and appeal notices may be filed by hand delivery to the office of human resources at 2621 W. Airport Freeway, Irving, TX 75062, by e-mail submission to grievance@irvingisd.net, or by fax at (972) 215-5211 to the office of human resources. Filings will be considered timely if received by the office of human resources by the close of business on the deadline date.

1. Name:
2. Address:

Telephone number: (\_\_\_)

1. Position: Campus/Department:
2. If you will be represented in voicing your appeal, please identify the person representing you.

Name:

Address:

Telephone number: (\_\_\_)

1. To whom did you present your complaint at Level One?

Date of conference:

Date you received a response to the Level One conference:

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

1. Attach a copy of your original complaint and any documentation submitted at Level One.
2. Attach a copy of the Level One response being appealed, if applicable.

Employee signature:

Signature of employee’s representative:

Date of filing:

EXHIBIT C

LEVEL THREE APPEAL NOTICE

If the employee did not receive the relief requested at Level Two or if the time for a response has expired, the employee or employee’s representative may appeal the decision to the Board. The appeal notice must be filed in writing, within ten days of the date of the written Level Two response or, if no response was received, within ten days of the Level Two response deadline. Appeal notices may be filed by hand delivery to the office of human resources at 2621 W. Airport Freeway, Irving, TX 75062, by e-mail submission to grievance@irvingisd.net, or by fax at (972) 215-5211 to the office of human resources. Filings will be considered timely if received by the office of human resources by the close of business on the deadline date.

1. Name:
2. Address:

Telephone number: (\_\_\_)

1. Position: Campus/Department:
2. If you will be represented in voicing your appeal, please identify the person representing you.

Name:

Address:

Telephone number: (\_\_\_)

1. To whom did you present your appeal at Level Two?

Date of conference:

Date you received a response to the Level Two conference:

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

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

*Please be aware that the Texas Open Meetings Act may prevent the Board from granting a request for open session.*

1. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.
2. Attach a copy of the Level Two response being appealed, if applicable.

Employee signature:

Signature of employee’s representative:

Date of filing: