The forms on the following pages are provided to assist the District in processing employee complaints on levels one, two, and three.

Exhibit A: Employee Complaint Form: Level One — 1 page

Exhibit B: Notice of Appeal: Level Two — 1 page

Exhibit C: Notice of Appeal to the Board: Level Three — 1 page

Exhibit D: Supervisor/Administrator Report of Level One Conference — 1 page

EXHIBIT A

EMPLOYEE COMPLAINT FORM: LEVEL ONE

Any employee filing a complaint must fill out this form completely and turn it in to the employee's principal or immediate supervisor. All complaints will be processed in accordance with DGBA and DGBA(LOCAL) or any exceptions outlined therein.

1. Name _____

2. Position/campus _____

3. Please state date of the event or series of events causing the complaint:_____

4. Please state your complaint including the individual harm alleged and the remedy sought:

_____

_____

_____

_____

5. Please state specific facts of which you are aware to support your complaint (list in detail):

_____

_____

_____

_____

Signature _____Date submitted _____

EXHIBIT B

NOTICE OF APPEAL: LEVEL TWO

This form must be filled out completely by an employee appealing a level one decision to the Superintendent or designee in accordance with the District's policies DGBA and DGBA (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Position/campus _____

3. To whom did you last appeal? _____

   Date _____

4. If you will be represented in pursuing your complaint, please identify that individual or organization:

   Name _____

   Address _____

   _____

   Telephone (___) _____

5. Attach copy of original complaint.

6. Attach copy of complaint decision being appealed.

Signature_____Date submitted_____

EXHIBIT C

NOTICE OF APPEAL TO THE BOARD: LEVEL THREE

This form must be filled out completely by an employee appealing a complaint decision to the Board in accordance with the District's policies DGBA and DGBA(LOCAL) or any exceptions outlined therein.

1. Name _____

2. Position/campus _____

3. To whom did you last appeal? _____

   Date _____

4. If you will be represented in pursuing your complaint, please identify that individual or organization:

   Name _____

   Address _____

   Telephone (___) _____

5. Attach copy of original complaint and all complaint decisions.

Signature _____ Date submitted _____

EXHIBIT D

SUPERVISOR/ADMINISTRATOR REPORT
OF LEVEL ONE CONFERENCE

1. Complainant's name _____

2. Position/campus _____

3. Date and time of conference _____

4. Set forth the facts as presented by the complainant _____

_____

_____

5. In your opinion, were the allegations made in the original complaint adequately supported by the facts submitted? ☐ Yes ☐ No
Please explain:

_____

_____

_____

6. In your opinion, is the remedy sought by the complainant justified by the facts submitted? ☐ Yes ☐ No
Please explain:

_____

_____

_____

7. What decisions were made or recommendations agreed upon as a result of the conference?_____

_____

_____

_____*(Signature of supervisor/administrator)*

_____*(Date)*

Attach a copy of the complainant's original written complaint (Exhibit A) and a copy of the written response from the supervisor/administrator before submitting.

Received by:

_____*(Superintendent)*

_____ *(Date)*