

PERSONNEL-MANAGEMENT RELATIONS  
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA  
(EXHIBIT)

See the following pages for forms to be used by the District for handling complaints by members of the public:

- Exhibit A: Level One Employee Complaint Form — 1 page
- Exhibit B: Conference Report/Decision — 1 page
- Exhibit C: Level Two Notice of Appeal from Level One — 1 page
- Exhibit D: Level Three Notice of Appeal to Superintendent: Level Three — 1 page
- Exhibit E: Level Four Notice of Appeal to the Board: Level Four — 1 page
- Exhibit F: Superintendent's Report and Transmittal of Record to the Board — 1 page



EXHIBIT A

LEVEL ONE EMPLOYEE COMPLAINT

To file a Level One complaint under policy DGBA(LOCAL), this form must be completed and turned in to the Designated Party. If you need more room, you may write on the back of this form, as needed, and provide the Designated Party with all of the facts and circumstances that will identify your specific complaint.

Employee Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

State the law, policy rule, procedure, action, inaction, or working condition that you believe was or is being violated or otherwise requires a remedy:

\_\_\_\_\_  
\_\_\_\_\_

State the date of each act and/or omission and the specific fact(s) on which you rely for your complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how you have been harmed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain the specific remedy you are requesting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Employee's Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name of Designated Party: \_\_\_\_\_

Office of Designated Party's Use Only

Date Received: \_\_\_\_\_ Initials of Person Receiving: \_\_\_\_\_







EXHIBIT C

LEVEL TWO NOTICE OF APPEAL FROM LEVEL ONE

This form must be filled out completely by an employee appealing a complaint decision given at Level One under Board policy DGBA(LOCAL).

Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Employee's Representative: \_\_\_\_\_

Address and telephone number where your representative may be contacted:

\_\_\_\_\_

Date of decision you are appealing: \_\_\_\_\_

Explain in detail what part of the Level One decision you are appealing and why. You may write on the back of this form if you need more room: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What relief are you requesting from your appeal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: In order to process your appeal, you must attach to this Notice of Appeal a copy of your original, written complaint and a copy of the Level One decision. If you are unable to attach a copy of the Level One decision on the date of your appeal, you must provide an explanation of why you have not and supplement this Notice of Appeal immediately upon receipt of a Level One decision.

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date of Appeal: \_\_\_\_\_

Office of Executive Director's Use Only

Date Received: \_\_\_\_\_ Initials of Person Receiving: \_\_\_\_\_





EXHIBIT D

LEVEL THREE NOTICE OF APPEAL TO THE SUPERINTENDENT - DESIGNEE

This form must be filled out completely by an employee appealing a complaint decision given at Level Two under Board policy DGBA(LOCAL).

Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Employee's Representative: \_\_\_\_\_

Address and telephone number where your representative may be contacted:

\_\_\_\_\_

Date of decision you are appealing: \_\_\_\_\_

Explain in detail what part of the Level Two decision you are appealing and why. You may write on the back of this form if you need more room: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What relief are you requesting from your appeal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: In order to process your appeal, you must attach to this Notice of Appeal a copy of your original, written complaint and a copy of each decision at Levels One and Two on the date of your appeal. If you are unable to attach a copy of each decision, you must provide an explanation of why you have not and supplement this Notice of Appeal immediately upon receipt of the missing decision.

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date of Appeal: \_\_\_\_\_

Office of Superintendent's Use Only

Date Received: \_\_\_\_\_ Initials of Person Receiving: \_\_\_\_\_



EXHIBIT E

LEVEL FOUR NOTICE OF APPEAL TO THE BOARD

This form must be filled out completely by an employee appealing a complaint decision given at Level Three under Board policy DGBA(LOCAL).

Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Employee's Representative: \_\_\_\_\_

Address and telephone number where your representative may be contacted:

\_\_\_\_\_

Date of Level Three decision you are appealing: \_\_\_\_\_

Explain in detail what part of the Level Three decision you are appealing and why. You may write on the back of this form if you need more room: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What relief are you requesting from your appeal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE NOTE: In order to process your appeal, you must attach to this Notice of Appeal a copy of your original, written complaint and a copy of each decision at Levels One, Two, and Three on the date of your appeal. If you are unable to attach a copy of each decision, you must provide an explanation of why you have not and supplement this Notice of Appeal immediately upon receipt of the missing decision.

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date of Appeal: \_\_\_\_\_

Office of Superintendent's Use Only

Date Received: \_\_\_\_\_ Initials of Person Receiving: \_\_\_\_\_



EXHIBIT F

SUPERINTENDENT'S REPORT AND  
TRANSMITTAL OF RECORD TO THE BOARD

Complainant's Name: \_\_\_\_\_

Date of conference at Level Three: \_\_\_\_\_

Date of Level Three decision being appealed: \_\_\_\_\_

The following attempts were made to resolve the complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Superintendent's recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Impact on budget, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A copy of the official administrative record is enclosed, including but not limited to the following records: (1) original written complaint; (2) administrator's decision from Level One; (3) Notice of Appeal to Level Two; (4) executive director's decision from Level Two; (5) Notice of Appeal to Superintendent at Level Three; (6) Superintendent's decision from Level Three; and (7) all supporting documentation accepted as part of the record and reviewed at Level Three. (A copy of the record has been provided to the complainant or complainant's representative, as the case may be.)

Signature of Superintendent or Designee: \_\_\_\_\_

Date: \_\_\_\_\_