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: Level Three — 1 page

EXHIBIT A

RICHARDSON INDEPENDENT SCHOOL DISTRICT
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. The District will process all complaints in accordance with Board policy DGBA. A complaint form that is incomplete in any way when submitted may be dismissed, but may be refiled with the required information if the refiling is within the designated time for filing a complaint.

1. Name _____

2. Position/Campus or Work Location _____

3. State date of the event or series of events causing the complaint:

   _____

4. State your complaint including the specific harm you allege and the remedy you seek:

   _____

   _____

   _____

   _____

5. State in detail the specific facts on which you base your complaint: (Use additional sheets if necessary)

   _____

   _____

   _____

6. If you will be represented in pursuing your complaint, please identify your representative:

   Name _____ Firm or Organization _____

   Address _____ Telephone Number _____

7. Attach to this form any documents you believe will support your complaint. If the documents are unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation submitted with the complaint. Are documents attached to this complaint? ☐ Yes ☐ No

Signature _____ Date submitted _____

EXHIBIT B

RICHARDSON INDEPENDENT SCHOOL DISTRICT
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 requirements of Board policy DGBA. The District will process this complaint in accordance with Board policy DGBA.

Please attach to this form a copy of your original complaint (Employee Complaint Form: Level One) and a copy of any written response you received to your Level One complaint.

1. Name _____

2. Position/Campus _____

3. State the date on which you received the Level One decision that you are appealing:

   Date _____

4. State the name of the individual who responded to your Level One complaint:

   Name _____

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

   _____

   _____

   _____

6. If you will be represented in pursuing your complaint, please identify your representative:

   Name _____ Firm or Organization _____

   Address _____ Telephone Number _____

Signature _____ Date submitted _____

EXHIBIT C

RICHARDSON INDEPENDENT SCHOOL DISTRICT
NOTICE OF APPEAL: LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision to the Board in accordance with the requirements of Board policy DGBA. The District will process this complaint in accordance with Board policy DGBA.

Please attach to this form copies of your original employee complaint and all responses you received to your complaint.

I request that this grievance be placed on the agenda of a future meeting of the Board.

1. Name _____

2. Position/Campus or Work Location _____

3. State the date on which you received the Level Two decision that you are appealing and the name of the person who responded:

   Date _____ Name _____

4. State the name of the person who responded to your Level One complaint:

   Name _____

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

   _____

   _____

   _____

6. If you will be represented in pursuing your complaint, please identify your representative:

   Name _____ Firm or Organization _____

   Address _____ Telephone Number _____

Signature _____ Date submitted _____