

Level II Employee Complaint Grievance Appeal Notice

To file an appeal of a Level I decision in accordance with Board Policy DGBA (LOCAL), please fill out this form completely and submit via email to Grievance@ems-isd.net, or by hand or standard mail delivery to the Director of Compliance and Policy, 1600 Mustang Rock Road, Fort Worth, TX 76179. All formal complaints/ grievances will be heard in accordance with DGBA (LEGAL and LOCAL).

DA	TE OF FILING:	_
EM	PLOYEE NAME:	
POS	SITION:	
CA	MPUS/DEPARTMENT:	
DIR	ECT SUPERVISOR NAME:	
PHO	ONE NUMBER: EMAIL ADDRESS:	
1.	List the date of Level I Conference Meeting.	
2.	State the Name of the Level I Hearing Officer.	
3.	List the date of the Level I written response/decision letter.	
4.	Explain specifically why you disagree or not satisfied with the outcome of the	Level I Conference.



5. Attach a copy of the original complaint and documented submitted in the Level I Complaint/Grievance.
6. Attach a copy of the Level I Response/Decision being appealed.
Employee Signature: