

Level Two Employee Complaint Form

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit to Grievance@ems-isd.net, hand deliver, or mail to the Director of Compliance and Policy at 1200 Old Decatur Road, Saginaw, TX 76179 within the time established in DGBA(LOCAL). Appeals will be heard in accordance with DGBA(LOCAL) or any exceptions outlined therein.

NAME: _____
ORGANIZATION NAME: _____
ADDRESS: _____
TELEPHONE NO: _____

If you will be represented in voicing your complaint, please identify the person representing you.

NAME: _____
ADDRESS: _____
TELEPHONE NO.: _____

To whom did you present your complaint at Level One? _____

Date of conference: _____

Date you received a response to the Level One conference: _____

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

Attach a copy of your original complaint and any documentation submitted at Level One.

Attach a copy of the Level One response being appealed, if applicable.

Signature: _____

Signature of representative: _____

Date of filing: _____