

**LOCKHART INDEPENDENT SCHOOL DISTRICT
COMPLAINTS/GRIEVANCE FORM – LEVEL II
(For Directions See Back)**

On the date listed below, a grievance was presented and the results will become a part of campus/district annual record.

Grievances shall be presented at the appropriate level with intent that, whenever feasible, the complaint be resolved at the lowest possible administrative level.

Name	Date Submitted
School/Campus	Date of Event(s)

Grievance Explanation: (Please be as specific as possible with facts that support the complaint – attach Level I documentation)

(use reverse side if necessary)

Person(s) Against Whom Complaint Is Filed: _____

Brief explanation of the outcome of Level I conference (include date/time of Level I conference): _____

Relief Being Requested from Level II Conference: _____

(use reverse side if necessary)

Person Presenting Grievance: _____

Signature

Employee Representative: _____
(if applicable) Name Phone Number

I have read the above information: _____

Administrator's Signature

