

ER| Grievance Hearing Notice**Grievance Hearing Notice**

Date: _____

Grievant Name: _____

Name of Representative: _____

Representative's Company: _____

Address: _____

City _____, State _____ Zip Code _____

Employee ID: _____

Mr. _____:

In accordance with policy DGBA (Local), this is an official notice that a grievance hearing has been scheduled:

Hearing Officer: _____

Title & Dept: _____

Date: _____

Time: _____

Location: _____

Address: _____

Please bring a USB pin drive with any documents you will introduce at the hearing saved as a PDF file on the drive. Ensure all students names and identifying information is removed from all documentation prior to the hearing.

A copy of the digitally recorded hearing will not be provided. However, you may bring a recording device or request a copy through Legal Services in accordance with the Public Information Act.

If you are unable to attend the hearing please notify _____ at _____ no later than 24 hours before the hearing.

On the day of the hearing, if either party has an emergency and is unable to attend the hearing or will be more than 15 minutes late, please contact _____ at _____. If the grievant has not made contact and fails to appear, the grievance will be closed with no further ability to appeal. If the district has not made contact and fails to appear, the grievant may appeal to the next level.

Please be advised that this is the only notice that you will receive.

Thank you

cc: Employee Relations, grievances@dallasisd.org