



# MANOR INDEPENDENT SCHOOL DISTRICT EMPLOYEE GRIEVANCE FORM

## Level Two

To file a formal complaint, please fill out this form completely and submit it by electronic communication, including e-mail to Human Resources, Risk Management Coordinator, Shayna Santiago-Molinar by email: Shayna.Molinar@manorisd.net within the time established in DGBA (LOCAL). All complaints will be processed and heard in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

### Employee Information

Employee First Name	
Employee Last Name	
Employee Cell Phone Number	
Home Address Full Address, State, Zip	
Position & Department	
Campus	
To whom did you present your complaint at Level One? (Share Full Name, Title and Department)	
Date of Level One Hearing	
Date you received a response to the Level One Grievance	

- 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

If you will be represented by another party in pursuing your complaint, please identify the person representing you.

Representative - First and Last Name of	
Representative - Affiliated Organization or Firm	
Representative - Address of Affiliated Organization or Firm	
Email Address - Representative	
Representative - Phone Number	

A grievance form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refile is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint. If 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 for your records.

Employee Signature:
---------------------

Date:
-------

### FOR MANOR ISD HUMAN RESOURCES OFFICE USE ONLY

<b>Received By:</b> _____	<b>Date Received:</b> _____
<b>Signature:</b> _____	<b>Position:</b> _____