



# MANOR INDEPENDENT SCHOOL DISTRICT EMPLOYEE GRIEVANCE FORM

Level One

To file a formal complaint, please fill out this form completely and submit it by hand delivery, by electronic communication, including e-mail to Human Resources, Risk Management Coordinator, Shayna Santiago-Molinar by email: [Shayna.Molinar@manorisd.net](mailto: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	

## Details of Events Leading to Grievance

<p>Provide a detailed account of all efforts you have made to resolve your complaint informally.</p> <p>Be sure to include the responses to your effort.</p>	
<p>To whom did you present your informal complaint?</p> <p>Provide the first, last name, position and department/campus</p>	
<p>Date of informal conference or other communication.</p> <p><i>Example: (July 24, 2024)</i></p>	



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## Grievance or Compliant

State your full grievance, including the individual harmed alleged, facts, and witnesses, if any, to support your complaint. (You may attach a separate sheet if necessary)

Attach any additional supporting documents or information.

State the date(s) of the event or series of events causing the grievance.

Please state the outcome or remedy you seek for this compliant.

## Additional Information

If you will be represented by another party in pursuing your compliant, 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 complaint 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

Received By: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Recieved: \_\_\_\_\_