



MANOR INDEPENDENT SCHOOL DISTRICT EMPLOYEE GRIEVANCE FORM

Level Three

To file a formal complaint, please fill out this form completely and submit it by electronic communication to MISD 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 Two? (Share Full Name, Title and Department)	
Date of Level Two Hearing	
Date you received a response to the Level Two Grievance	

- Attach a copy of your original complaint and any documentation submitted with original complaint and copy of Level Two appeal notice.
- Attach a copy of the Level Two response being appealed, if applicable
- Would you like the Board of Trustees to hear this appeal in open session? YES NO

Please note, the Board will consider your request; However, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session

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

Representative - First and Last Name	
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 refiled is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.

Employee Signature:	Date:
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FOR MANOR ISD HUMAN RESOURCES OFFICE USE ONLY

Received By: _____	Date Received: _____
Signature: _____	Position: _____