Clint ISD Central Office
14521 Horizon Boulevard
El Paso, TX 79928
Phone (915) 926-4000

Date Received

SCHOOL DISTRICT

Exhibit A EMPLOYEE GRIEVANCE **DGBA (LEGAL) & (LOCAL)**

Level One
Notice of Grievance to Administrator

Any employee filing a grievance must fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to his or her principal or appropriate central administrator within the time established in DGBA (Local), which is 60 days from the date of the incident, 90 days from the date of the incident if an informal resolution is attempted, or 30 days from the receipt of filing instructions. If this grievance arises from a non-campus matter, please submit to a central office administrator. A grievance filed via e-mail must be copied to the Director of Employee Relations. All grievances will be processed in accordance with DGBA (Legal) and (Local).

Grievant's information (All information is required) PLEASE PRINT

Name		Employee ID
Address	City/State	E-mail
Phone	Position/Assignment	Campus/Department

If you will be represented, please identify the person representing you.

☐ Legal Counsel ☐ Representative	Name/Organization	
Address	City/State	
Phone	E-mail	

1. Please describe the decision or circumstances causing your grievance (give specific details, continue on separate paper if necessary).

   _____

   _____

   _____

2. What was the date of the decision or circumstance causing your grievance?

   _____

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3. Please explain in detail the following:
   a. How you have been harmed by this decision or circumstance:

   _____

   _____

   b. The District policy violated, misinterpreted, or misapplied:

   _____

4. What efforts have you made to resolve your grievance informally and the response to your efforts?

   _____

   _____

   _____

5. With whom did you communicate?

   _____

6. On what date?

   _____

7. Please describe the outcome or remedy you seek for this grievance.

   _____

   _____

   _____

8. If you are making grievances or charges against any specific individuals, please identify each of those individuals by name and title:

   _____

   _____

9. Are you alleging a violation of the Texas Whistleblower Act?
   Yes _____ No_____

10. Are you alleging a violation of law? If so, please identify below:

    _____

    _____

11. Are you alleging that your supervisor either violated the law in the workplace or has unlawfully harassed you?
    Yes _____ No_____

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Grievant, please note:
A grievance form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a grievance. Attach to this form any documents you believe will support the grievance. Please keep a copy of the completed form and any supporting documentation for your records. If established by policy, a review or appeal of a grievance must be conducted by a person with the authority to address the grievance unless a preliminary hearing is necessary to develop a record or a recommendation for the board of trustees of the school district. Please be advised that a grievant is allowed to add claims or documents during the grievance process. However, the grievance may be remanded to a lower level in order to develop the record, if necessary. Please be advised that the only remedies ruled upon shall be those listed in the Level One Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Employee Signature	Print Name	Date of Filing
Signature of Employee's representative	Print Name	Date
Superintendent's signature/Designee	Print Name	Date Received