



MANOR INDEPENDENT SCHOOL DISTRICT

COMMUNITY MEMBER

GRIEVANCE FORM

Level Three

To file a formal complaint, please fill out this form completely and submit it by hand delivery OR by electronic communication, to **Human Resources**, by email: records@manorisd.net within the time established in Policy GF (LOCAL). All complaints will be processed and heard in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein. Please note, one form must be completed per person.

Community Member General Information

Community Member's First Name	
Community Member's Last Name	
Community Member's - Home Address Full Address, State, Zip	
To whom did you present your complaint at Level Two? (Share Full Name, Title and Department)	
Date of Level Two Conference?	
Date you received a response to the Level Two Complaint/Grievance?	

Attach a copy of your original complaint and any documentation submitted at Level Two
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.

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. Please keep a copy of the completed form and any supporting documentation for your records.

Community Member Signature:

Date:

FOR MANOR ISD OFFICE USE ONLY

Received By: _____

Date Received: _____

Position/Title: _____

Initials: _____