

# WESLACO INDEPENDENT SCHOOL DISTRICT

## EMPLOYEE COMPLAINT/GRIEVANCE FORM: LEVEL II

In accordance with District policies DGBA (LOCAL), this form shall be completed and appropriately filed by an employee appealing a Level I Complaint/Grievance to the Superintendent. DGBA (LOCAL) requires that notice of appeal to Level II be filed in writing not later than (20) calendar days after receipt of the Level I decision.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

2. Assignment/Campus: \_\_\_\_\_

3. Date of the Level I Complaint/Grievance Conference: \_\_\_\_\_

4. Attach the following items:

- a. A copy of the complete employee complaint form/Level I and any attachments submitted for the Level I Complaint conference.
- b. A copy of the Level I decision.

5. Name, address, and telephone number of representative, if applicable.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Grievant/Representative)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
(Received by)

\_\_\_\_\_  
Date Submitted