

Plano ISD
043910
PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES
DGBA(EXHIBIT)

The forms on the following pages are provided to assist the District in processing employee grievances.

- [Exhibit A:](#) Employee Grievance Form - Level One—2 pages
- [Exhibit B:](#) Report of Level One Conference by Supervisor or Administrator—1 page
- [Exhibit C:](#) Notice of Appeal - Level Two—1 page
- [Exhibit D:](#) Employee Informal Mediation Form - Level Two – 2 pages
- [Exhibit E:](#) Report of Level Two Conference by Chief of Employee Services or Designee—1 page
- [Exhibit F:](#) Notice of Appeal - Level Three—1 page
- [Exhibit G:](#) Report of Level Three Conference by Superintendent, Chief of Employee Services, or Designee—1 page
- [Exhibit H:](#) Employee Informal Mediation Form - Level Three – 2 pages
- [Exhibit I:](#) Notice of Appeal to the Board - Level Four—1 page

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EXHIBIT A

EMPLOYEE GRIEVANCE FORM - LEVEL ONE

Any employee filing a grievance must fill out this form completely and submit it to his or her principal or immediate supervisor. All grievances will be processed in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Campus/Department: _____
3. If you will be represented in voicing your grievance, please identify the person representing you (Ex: an attorney)
Name: _____
Address: _____
4. Please state the date of the event or series of events causing the grievance.

5. Please state your grievance, including the individual harm alleged.

6. Please state specific facts of which you are aware to support your grievance (list in detail).

7. Please state the remedy you seek for this grievance.

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8. Has the date for filing your grievance been extended by mutual consent? _____

If so, who granted the extension? _____

On what date? _____

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

EXHIBIT B

REPORT OF LEVEL ONE CONFERENCE
BY SUPERVISOR OR ADMINISTRATOR

1. Grievant's name: _____

2. Position: _____ Campus/Department: _____

3. Date and time of conference: _____

4. The facts as presented by the grievant are as follows: _____

5. In my opinion, the allegations made in the original grievance (*are*) (*are not*) adequately supported by the facts submitted.

Explanation: _____

6. In my opinion, the remedy sought by the grievant (is) (is not) justified by the facts submitted.

Explanation: _____

7. The decisions made or recommendations agreed upon as a result of the conference are as follows:

Signature of supervisor/administrator

Date

Before submitting this report to the Superintendent or designee, attach a copy of the grievant's original written grievance (EXHIBIT—A) and a copy of the written response that was given to the employee.

Received by: _____

Superintendent or designee

Date

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EXHIBIT C

NOTICE OF APPEAL - LEVEL TWO

This form must be filled out completely by an employee appealing a Level One decision, or the lack of a timely response after a Level One conference, to the Chief of Employee Services or designee in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Campus/Department: _____
3. To whom did you last present your grievance? _____
Date and time of conference: _____
4. What is the basis of your appeal? _____

5. What relief are you requesting on appeal? _____

6. If you will be represented in pursuing your grievance, please identify the individual or organization representing you.
Name: _____
Address: _____
Telephone number: (_____) _____
7. Attach a copy of your original grievance.
8. Attach a copy of the Level One decision being appealed, if applicable.

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

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EXHIBIT D

EMPLOYEE INFORMAL MEDIATION – LEVEL TWO

Please fill out this form completely and submit it by hand delivery, by U.S. mail or by electronic communication to the campus principal or appropriate administrator within the time established in DGBA(LOCAL). All grievances will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

Telephone number: _____

3. Campus/Department: _____

4. Please describe the decision or circumstances causing your grievance (give specific factual details).

5. Please describe any efforts you have made to resolve your grievance informally and the responses to your efforts.

With whom did you communicate? _____

On what date? _____

6. Did the informal process lead to a satisfactory resolution?

__ YES; if so, date: _____

__ NO

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Employee signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

Grievant, please note:

If an employee has engaged in the informal process in an attempt to resolve the grievance with the District and has not reached a resolution during the process, the employee must file a grievance within 15 business days of the date the employee first knew, or with reasonable diligence should have known, of the decision or action giving rise to the 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.

EXHIBIT E

REPORT OF LEVEL TWO CONFERENCE
BY CHIEF OF EMPLOYEE SERVICES OR DESIGNEE

1. Grievant's name: _____
2. Position: _____ Campus/Department: _____
3. Date and time of conference: _____
4. The appeal as presented by the grievant is as follows: _____

5. In my opinion, the basis for appeal (is) (is not) adequately supported by the facts submitted.
Explanation: _____

6. In my opinion, the remedy sought by the grievant (is) (is not) justified by the facts submitted.
Explanation: _____

7. The decisions made or recommendations agreed upon as a result of the conference are as follows:

Chief of Employee Services or designee

Date

Before submitting this report to the Board, attach a copy of the employee's original written grievance (EXHIBIT-A), a copy of the Level One report (EXHIBIT-B), and copies of the written responses that have been given to the employee by the supervisor/administrator and by the Chief of Employee Services or designee.

Received by: _____

Superintendent or designee

Date

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EXHIBIT F

NOTICE OF APPEAL - LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision, or the lack of a timely response after a Level Two conference, to the Superintendent, Chief of Employee Services, or designee in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Campus/Department: _____
3. To whom did you last present your grievance? _____
4. Date of conference: _____
5. What is the basis of your appeal? _____

6. What relief are you requesting on appeal? _____

7. If you will be represented in pursuing your grievance, please identify the individual or organization representing you.
Name: _____
Address: _____
Telephone number: (_____) _____
8. Attach a copy of your original grievance.
9. Attach a copy of the Level One and Level Two decisions being appealed, if applicable.

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

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EXHIBIT G

REPORT OF LEVEL THREE CONFERENCE
BY SUPERINTENDENT, CHIEF OF EMPLOYEE SERVICES, OR DESIGNEE

1. Grievant's name: _____
2. Position: _____ Campus/Department: _____
3. Date and time of conference: _____
4. The appeal as presented by the grievant is as follows: _____

5. In my opinion, the basis for the appeal (is) (is not) adequately supported by the facts submitted.
Explanation: _____

6. In my opinion, the remedy sought by the grievant (is) (is not) justified by the facts submitted.
Explanation: _____

7. The decisions made or recommendations agreed upon as a result of the conference are as follows:

Signature of Superintendent, Chief of Employee Services or designee:

Date: _____

Before submitting this report to the Board, attach a copy of the employee's original written grievance (EXHIBIT-A), a copy of the Level One Report (EXHIBIT-B), a copy of the Level Two Report (EXHIBIT-D), and copies of the written responses that have been given to the employee by the supervisor or administrator.

Received by: _____

Superintendent or designee

Date

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EXHIBIT H

EMPLOYEE INFORMAL MEDIATION – LEVEL THREE

Please fill out this form completely and submit it by hand delivery, by U.S. mail or by electronic communication to the campus principal or appropriate administrator within the time established in DGBA(LOCAL). All grievances will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

Telephone number: _____

3. Campus/Department: _____

4. Please describe the decision or circumstances causing your grievance (give specific factual details).

5. Please describe any efforts you have made to resolve your grievance informally and the responses to your efforts.

With whom did you communicate? _____

On what date? _____

6. Did the informal process lead to a satisfactory resolution?

__ YES; if so, date: _____

__ NO

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Employee signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

Grievant, please note:

If an employee has engaged in the informal process in an attempt to resolve the grievance with the District and has not reached a resolution during the process, the employee must file a grievance within 15 business days of the date the employee first knew, or with reasonable diligence should have known, of the decision or action giving rise to the 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.

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EXHIBIT I

NOTICE OF APPEAL TO THE BOARD - LEVEL FOUR

This form must be filled out completely by an employee appealing a Level Three decision, or the lack of a timely response after a Level Three conference, to the Board, in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Campus/Department: _____
3. To whom did you last present your grievance? _____
Date of conference: _____
4. What is the basis of your appeal? _____

5. What relief are you requesting on appeal? _____

6. If you will be represented in pursuing your grievance, please identify the individual or organization representing you.
Name: _____
Address: _____
Telephone number: (_____) _____
7. Attach a copy of your original grievance.
8. Attach copies of the Level One, Level Two, and Level Three decisions, if applicable.

Employee's signature: _____

Date of filing: _____

Method of filing: _____

Name of person receiving filing: _____

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