HOUSTON INDEPENDENT SCHOOL DISTRICT
DISPUTE RESOLUTION FORM

[Refer to Board Policy DGBA(LOCAL) for procedures and requirements]

LEVEL:

1. Principal/Work Location Supervisor
2. Next Level Vertical Line Supervisor
3. Board of Education

EMPLOYEE'S NAME: _____
Home Phone

EMPLOYEE'S ADDRESS: _____
Street City State Zip

EMPLOYEE ID: _____ EMPLOYEE POSITION: _____

Email Address: _____

Work Location: _____ Work Location Phone: _____

Name, address, telephone and email address of representative, if any: _____

_____

Date Concern/Dispute Occurred: _____ Date Filed: _____

Principal/Work Location Supervisor: _____

Statement of Concern/Dispute:
(Attach a copy of the statute or policy allegedly violated.)

Remedy Requested:

_____
Signature of Employee Date

LEVEL I:

A. Date received by Principal/Work Location Supervisor_____

B. Disposition by Principal/Work Location Supervisor:

_____
Signature of Principal/ Work Location Supervisor Date
(Return original form to employee. Retain copy for your file.)

I do not accept the above decision and am referring this dispute to the next level.
(Submit a copy to the Employee Relations Department.)

_____
Signature of Employee Date

LEVEL II:

A. Date received by Next Level Vertical Line Supervisor_____

B. Disposition by Next Level Vertical Line Supervisor:

_____
Signature of Next Level Vertical Line Supervisor Date
(Return original form to employee. Retain a copy for your file.
Submit a copy to the Employee Relations Department.)

I do not accept the above decision and am referring this dispute to the next level.
(Submit a copy to Board Services.)

_____
Signature of Employee Date

LEVEL III:

A. Date received by Board Services: _____