Cedar Hill CARES

Communicating And Resolving Every Situation

Level II Employee Complaint Grievance Appeal Notice

To file an appeal of a Level I decision in accordance with Board Policy DGBA (LOCAL), please complete this form in its entirety and submit it via email to Grievances@chisd.net, in person, or by standard mail to:

Human Resources Department at 285 Uptown Blvd., Building 300, Cedar Hill, TX 75104.

All formal complaints and grievances will be processed in accordance with DGBA (LEGAL and LOCAL).

Date of Filing: _____

Employee Name: _____

Position: _____

Campus/ Department: _____

Direct Supervisor Name: _____

Phone Number: _____ Email Address: _____

1. Date of Level I Conference Meeting: _____

2. Level I Hearing Officer: _____

3. Date of the Level I written response/decision letter. _____

4. Explain specifically why you disagree or are not satisfied with the outcome of the Level I Conference.

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5. Attach a copy of the original complaint and documents submitted in the Level I Complaint /Grievance.

6. Attach a copy of the Level I Response/Decision being appealed.

Employee Signature: _____