



HUMAN RESOURCES DEPARTMENT

Grievance Form

Date Received by HR: _____

The following information must be completed by the individual(s) who is/are seeking relief of action taken by the district or an individual of authority.

Name: _____

Date of Event
or Grievance: _____

Position: _____

Campus/Dept.: _____

Description of action you are grieving, include names of individual(s) or action causing concern:

Description of harm to the employee(s):

Describe remedy or action you are requesting the district to take:

Signature

Date

For information about your rights and grievance procedures, contact the Title IX Coordinator at:
San Elizario ISD, 1050 Chicken Ranch Rd., PO Box 920, San Elizario, TX 79849 (915) 872-3902
Para información sobre sus derechos y procedimientos del agravio, comuníquese con el/la coordinador/a del Título IX en:
San Elizario ISD, 1050 Chicken Ranch Rd., PO Box 920, San Elizario, TX 79849 (915) 872-3902

San Elizario Independent School District does not discriminate on the basis of race, color, religion, sex, national origin age, or disability in its programs, activities, or employment.
El Distrito escolar de San Elizario no discrimina en base a raza, color, religión, sexo, nacionalidad, edad, y/o discapacidad en sus programas, actividades, o empleo.



HUMAN RESOURCES DEPARTMENT

Level I Hearing

Date appeal forwarded: _____

Date received by Level I Administrator/Supervisor: _____

If the grievance is filled by a group of employees, please indicate who will be the Spokesperson:

1st Conference held by: _____ On: _____

Participating parties:

Employee

Date

Administrator/Supervisor

Date

2nd Conference held by: _____ On: _____

Participating parties:

Remedies resulting from conference:

Was grievance resolved? ☐ Yes ☐ No

Was appeal requested? ☐ Yes ☐ No

Employee

Date

Administrator/Supervisor

Date



HUMAN RESOURCES DEPARTMENT

Level II Hearing

Date appeal forwarded: _____

Date received by Level II Administrator/Supervisor: _____

If the grievance is filled by a group of employees, please indicate who will be the Spokesperson:

1st Conference held by: _____ On: _____

Participating parties:

Employee

Date

Administrator/Supervisor

Date

2nd Conference held by: _____ On: _____

Participating parties:

Remedies resulting from conference:

Was grievance resolved? ☐ Yes ☐ No

Was appeal requested? ☐ Yes ☐ No

Employee

Date

Administrator/Supervisor

Date



HUMAN RESOURCES DEPARTMENT

Level III Hearing

Held by: _____

On: _____

Participating parties:

Results:

Notification given:

Superintendent/Designee

Date

*Grievances must be filed according to School Board Policy DGBA (Local).
All time lines must be observed with written statements and responses filed at each level
hearing.*



HUMAN RESOURCES DEPARTMENT
**Supervisor/Administrator Report of
Level I Conference**

Name of individual(s) filing complaint:

Position: _____
Date of
Conference: _____

Campus/Dept.: _____
Time of
Conference: _____

Participating Parties:

Set forth the facts as presented by individual(s) filing complaint:

In your opinion, were the allegations made in the original complaint adequately supported by the facts submitted? ☐ Yes ☐ No

Please Explain:

In your opinion, is the remedy sought by the individual(s) filing complaint justified by the facts submitted? ☐ Yes ☐ No

Please Explain:

What decisions were made or recommendations agreed upon as a result of the conference?

Superintendent/Designee

Date