

Level II Employee Complaint Grievance Appeal Notice

To file an appeal of a Level I decision in accordance with Board Policy DGBA (LOCAL), please fill out this form completely and submit via email to Grievance@ems-isd.net, or by hand or standard mail delivery to the Director of Compliance and Policy, 1600 Mustang Rock Road, Fort Worth, TX 76179. All formal complaints/ grievances will be heard in accordance with DGBA (LEGAL and LOCAL).

DATE OF FILING:	
EMPLOYEE NAME:	
POSITION:	
CAMPUS/DEPARTMENT:	
DIRECT SUPERVISOR NAME:	
PHONE NUMBER: EMA	IL ADDRESS:
1. List the date of Level I Conference Meeting.	
2. State the Name of the Level I Hearing Officer.	
3. List the date of the Level I written response/do	ecision letter.
4. Explain specifically why you disagree or not sa	atisfied with the outcome of the Level I Conference.

5.	Attach a copy of the original complaint and documented submitted in the Level I Complaint/Grievance.
6.	Attach a copy of the Level I Response/Decision being appealed.
Em	aployee Signature: