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:
Fort Hancock ISD, 100 School Dr., PO Box 98, Fort Hancock, TX 79839 (915) 769-3811.
Para información sobre sus derechos y procedimientos del agravio, comuniquese con el/la coordinador/a del Titulo IX en: Fort Hancock ISD, 100 School Dr., PO Box 98, Fort Hancock, TX 79839 (915) 769-3811.

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: _____ **Campus/Dept.:** _____

Date of Conference: _____ **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**