

**LA VILLA INDEPENDENT SCHOOL DISTRICT
LA VILLA, TEXAS
DGBA (EXHIBIT)**

EMPLOYEE COMPLAINT FORM: LEVEL ONE

Any employee filing a complaint must fill out this form completely and submit it to his or her principal or immediate supervisor. All complaints will be processed in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position: _____

3. Please state the date of the event or series of events causing the complaint.

4. Please state your complaint, including the individual harm alleged.

5. Please state specific acts of which you are aware to support your complaint (list in detail).

6. Please state the remedy you seek for this complaint.

Employee signature

Date submitted

SUBMIT A COPY TO THE PERSONNEL OFFICE

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La Villa Independent School District does not discriminate on the basis of race, age, religion, color, national origin, sex, or disability in providing educational services, activities, and programs.

El distrito escolar de La Villa no discrimina según la raza, edad, religión, color, origen de nacionalidad, sexo, o incapacidad para suministrar servicios, actividades, o programas educativos.

**LA VILLA INDEPENDENT SCHOOL DISTRICT
LA VILLA, TEXAS
DGBA (EXHIBIT)**

NOTICE OF APPEAL: LEVEL TWO

This form must be filled out completely by an employee appealing a Level One decision to the Superintendent or designee in accordance with the District's policies DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position/campus: _____

3. To whom did you last present your complaint? _____

Date of conference: _____

4. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

Name: _____

Address: _____

Telephone #: (____) _____

5. Attach a copy of the original complaint.

6. Attach a copy of the Level One decision being appealed.

Employee signature

Date submitted

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LA VILLA INDEPENDENT SCHOOL DISTRICT
LA VILLA, TEXAS
DGBA (EXHIBIT)

NOTICE OF APPEAL TO THE BOARD: LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision to the Board, in accordance with the District's policies DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position/campus: _____

3. To whom did you last present your complaint? _____

Date of conference: _____

4. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

Name: _____

Address: _____

Telephone #: (_____) _____

5. Attach a copy of the original complaint and the Level One and Level Two decisions.

Employee signature

Date submitted

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