



Level III Employee Complaint Grievance Appeal Notice

To file an appeal of a Level II 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, 1 _____, 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: _____ EMAIL ADDRESS: _____

- 1. List the date of Level II Conference Meeting.**
- 2. State the Name of the Level II Hearing Officer.**
- 3. List the date of the Level II written response/decision letter.**
- 4. Explain specifically why you disagree or not satisfied with the outcome of the Level II Conference.**
