



Dallas County Schools

Strengthening Education Through Service

EMPLOYEE GRIEVANCE FORM

☐ **Initial Grievance:** ☐ Supervisor ☐ Area Director ☐ Director or Asst. Superintendent
Level I: *(Must be filed within 10 business days of Incident)*

☐ **Grievance Appeal:** ☐ Area Director ☐ Director or Asst. Superintendent ☐ Superintendent (Level III)
Level II or Level III: *(Must be filed within 7 business days after employee receives previous level decision)*

☐ **Grievance Appeal:** Board of Trustees
Level IV: *(Must be filed within 7 business days after employee receives Level III Appeal decision and ONLY FOR TERMINATION OR SUSPENSION FOR MORE THAN 10 CONSECUTIVE DAYS)*

GRIEVANCE SUBMITTED BY:

_____	_____	_____
Print Name	DCS ID#	Date
_____	_____	_____
Mailing Address	Phone Number	Email Address
_____	_____	_____
City, State & Zip Code	Service Center	

GRIEVANCE SUBMITTED TO:

_____	_____
Print Name	Position

Instructions: A copy of the Policy of the Board of Trustees regarding Employee Grievances may be obtained through your Supervisor or from Human Resources. You should review the policy carefully before completing this form.

You must state the conduct or situation of which you complain, the name of any employee(s) or other person(s) of whose conduct you complain and the date when the conduct of which you complain occurred. Please use more paper as necessary.

Additionally, you are to pursue your grievance through the chain-of-command. You are to file your grievance with your immediate Supervisor. If your grievance is regarding your Supervisor, you are to file your grievance with your Supervisor's immediate superior.

I wish to file an employee grievance as follows:

I ask that the following relief be granted:

Instruction: You must state the specific relief you desire.

Instruction: You must attach to this form any documents or other evidence you wish to have considered and list or describe them on this page. **All documents or evidence must be submitted at every level.** Failure to submit documents or evidence with your grievance may result in your inability to present the documents or evidence later.

Instruction: If you wish to be represented by a licensed attorney or other representative, you must provide the representative's name, title, address and telephone number below. If you fail to disclose the representative who appears with you, it may be necessary to postpone your hearing for a time sufficient to entitle Dallas County Schools to obtain counsel.

Name: _____

Title: _____

Address: _____

Telephone No: _____ **Mobile Number:** _____

Fax Number: _____ **Email Address:** _____

Instruction: You must sign and date this form. This form is to be submitted to your Supervisor or other appropriate member of management. If you fail to submit this form within the designated number of business days after the conduct of which you complain, your grievance may be denied as untimely filed.

Signature Date

FOR ADMINISTRATIVE USE ONLY

Date Received Received By

Grievance Submitted to:

Print Name Position

☐ Initial Grievance

☐ Grievance Appeal

Date Grievance Hearing Held: _____
