

Arlington Independent School District
Employee Complaint Form
Level One

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level One complaint via email to HREmployeeRelations@aisd.net.

1. Name _____
- 2.

8. The district wants to have all complaints resolved informally or at the lowest possible level. Explain your efforts to informally resolve your complaint including whom you spoke with, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation why not.

9. Identify the remedy you seek for this complaint.

Date Submitted

Name, address, and telephone and fax number of representative, if any.

Arlington Independent School District
Employee Complaint Form
Level Two

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint
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Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

Name, address, and telephone and fax number of representative, if any, if not previously provided.

Arlington Independent School District
Employee Complaint Form
Level Four

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Four complaint via email to HREmployeeRelations@aisd.net

1. Name _____

2. Provide the Level Three decision by the Superintendent _____

3. Identify the date you received the Level Three decision _____

4. Attach a copy of the Level Three decision and specifically identify the part(s) of the Level Three decision that you want the Board of Trustees to review.

5. Specifically state why you disagree with the part(s) of the Level Three decision that you identified in response to number 4 above.

6. Attach the documents you relied upon at Level Three (if any) and explain how they support your position at response 4 and 5 above. Only those documents identified will be considered at Level Four.

_____ Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.
