

La Joya Independent School District

Employee Complaint Form:

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 and DGBA (LOCAL) or any exceptions outlined therein.

Complainant:

Complaint Against:

1. Name: _____ Name: _____

2. Position: _____ Position/Campus: _____

3. To whom did you last appeal? _____

Date: _____

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

Name: _____

Address: _____

Telephone: () _____

5. Attach copy of original complaint.

6. Attach copy of complaint decision being appealed.

Signature: _____

Date Submitted: _____

Print Name: _____