

# La Joya Independent School District

## Employee Complaint Form:

## Level Three

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 and complaint decisions.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Print Name: \_\_\_\_\_