

Mission Consolidated Independent School District
Employee Complaint Form
Level Two

This form must be filled out completely by the employee in accordance with District policy DGBA (Local). Failure to thoroughly complete this form, in accordance with District policy, will result in dismissal of the complaint. This form must be submitted to the Superintendent's office.

1. Name _____
2. Identify the administrator who held the Level One conference and provided the Level One decision _____
3. Identify the date you received the Level One decision _____
4. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the superintendent or his designee to review.

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

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

7. Identify the remedy that you seek at Level Two.

Employee's Signature

Date Submitted

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