

Mission Consolidated Independent School District
Employee Complaint Form
Level Three

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 Two conference and provided the Level Two decision _____
3. Identify the date you received the Level Two decision _____
4. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

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

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

7. Please identify the remedy that you seek at Level Three.

Please select one of the options below. If you do not check one of the boxes below, then your Level III Appeal will be based solely upon your written submission to the Board of Trustees.

I wish to make an in-person presentation of my grievance to the Board of trustees. I understand that this request may cause my grievance to be heard at a later date due to the time required of the Board to conduct an in-person presentation of my Level III Appeal.

I wish to present my grievance to the Board of Trustees in written form only and elect not to make an in-person presentation of the Level III Appeal to the Board of Trustees.

Employee's Signature

Date Submitted

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