



SOCORRO INDEPENDENT SCHOOL DISTRICT

Personnel Management Relations Employee Complaints/Grievances

Appeal of Level I Decision

To appeal a Level I decision, or the lack of a timely response after a Level I conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in DGBA (Local). Appeals will be heard in accordance with DGBA (Legal) and DGBA (Local) or any exceptions outlined therein.

_____		_____	
Name of Complaint		Telephone	

Street	City	State	Zip

Position		Campus/Department	

I. If you will be represented in voicing your complaint, please identify the person representing you.
Grievant's representative must be contacted for hearing.

_____		_____	
Name of Representative		Telephone	

Street	City	State	Zip

II. To whom did you present your complaint at **Level I**? _____
Date of Conference: _____
Date you received a response to **Level I** conference: _____

Please explain specifically how you disagree with the outcome to **Level I**: _____



PLEASE NOTE

Attach a copy of your original complaint and any documentation submitted at **Level I**.
Attach a copy of the **Level I** response being appealed, if applicable.

_____	_____
Employee Signature	Signature of Employee's Representative

	Date of Filing