



# SOCORRO INDEPENDENT SCHOOL DISTRICT

## Personnel Management Relations Employee Complaints/Grievances

### Appeal of Level III Decision

To appeal a Level III 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 III**? \_\_\_\_\_  
Date of Conference: \_\_\_\_\_  
Date you received a response to **Level III** conference: \_\_\_\_\_

Please explain specifically how you disagree with the outcome to **Level III**: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE**

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

_____	_____
Employee Signature	Signature of Employee's Representative
	_____
	Date of Filing