



Date Received:

**Human Capital Management – Employee Relations and Support
Grievance Form**

A Grievance Form must be filed no later than ten (10) days from the date the employee first knew or should have known of the decision or action giving rise to the grievance or complaint. Failure to do so may prohibit acceptance of the grievance. A new grievance form must be completed for each level of the process. Grievance forms may be submitted online, by email (grievances@dallasisd.org) or in person.

Note: Please ensure all required blocks are completed. When sending the form electronically, print a copy of the form for your records.

SECTION I (Required)						
GRIEVANT NAME						EMPLOYEE ID
ADDRESS			CITY	STATE	ZIP	EMAIL
PHONE	POSITION/ASSIGNMENT		<input type="checkbox"/> Contract <input type="checkbox"/> At-Will		IMMEDIATE SUPERVISOR	
EXECUTIVE DIRECTOR			CAMPUS/DEPARTMENT		DIVISION	
SECTION II (If Applicable; put "N/A" if not applicable)						
<input type="checkbox"/> Legal Counsel	NAME		ORGANIZATION		PHONE	
<input type="checkbox"/> Representative						
ADDRESS		CITY	STATE	ZIP	EMAIL	
SECTION III (Required)						
GRIEVANCE FILED AGAINST			POSITION/TITLE		CAMPUS/DEPARTMENT	
SECTION IV (Required)						
DATE OF INCIDENT (OR KNOWLEDGE OF INCIDENT)			GRIEVANCE LEVEL <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III			
SECTION V (Required)						
STATEMENT (CONTINUE ON SECOND PAGE IF NECESSARY)						
HAS AN ATTEMPT BEEN MADE TO RESOLVE THIS INFORMALLY? IF SO, DESCRIBE						
RELIEF OR REMEDY SOUGHT						
SPECIFIC POLICY ALLEGEDLY VIOLATED, MISINTERPRETED, OR MISAPPLIED (http://pol.tasb.org/Home/Index/361)						
SIGNATURE						DATE

DOCUMENTS RELATED TO THIS GRIEVANCE MUST BE ATTACHED.

**Human Capital Management – Employee Relations and Support
Grievance Form (Continued)**

GRIEVANT NAME	EMPLOYEE ID
STATEMENT (CONTINUED)	