

Seguin Independent School District
Employee Complaint Form
Level Two

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Two complaint to the Superintendent.

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/her 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 at 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 you seek at Level Two.

Employee's Signature

Date Submitted

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