

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Employee Grievance

As governed by DCCCD board policy DGBA

PLEASE PRINT

Name: _____ Colleague ID #: _____ Location _____
Last First M.I.

Department/Division: _____ Job Title: _____

1st Level Supervisor : _____ 2nd Level Supervisor _____

3rd Level Supervisor: _____ President _____

NATURE OF GRIEVANCE:

Sexual Harassment complaints are not reported on this form and are processed under DCCCD policy DHA.

- | | |
|---|--|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Employment (work hours, conditions of work) |
| <input type="checkbox"/> Performance Evaluation | <input type="checkbox"/> Violation of board policy or college procedures |

STEP 1: Employee discusses problem/condition with the location Human Resources Director or designee.

Date of discussion/policy review in Human Resources: _____ HR Representative: _____

STEP 2: Initiation of grievance.
Note: Initiation of grievance must be within 30 working days after the event or occurrence date.

Date(s) of event(s) causing the grievance: _____

State the grievance including the individual harm alleged (include facts you know to support your grievance):

How do you believe this grievance may be resolved? (Be specific) _____

Signature: _____ Date of Submission to Supervisor: _____
Employee

STEP 3: Employee discusses problem/condition with 1st level supervisor.
Note: Discussion with 1st level supervisor must occur within five (5) working days after submission of grievance to the supervisor.

Date of discussion: _____ Outcome(s) from discussion: _____

Response from 1st level supervisor: _____

Signature: _____ Signature: _____
Employee Date Supervisor Date

Is grievance resolved to employee’s satisfaction? (Check only one) YES NO
If “NO”, proceed to Step 4. If “YES”, return document to Human Resources

STEP 4: Employee discusses problem/condition with 2nd Level supervisor.
Note: Discussion with 2nd level supervisor must occur within five (5) working days after the discussion date of the 1st level supervisor.

Date of discussion: _____ Outcome(s) from discussion: _____

Response from 2nd level supervisor: _____

Signature: _____ Signature: _____
Employee Date Supervisor Date

Is grievance resolved to employee’s satisfaction? (Check only one) YES NO
If “NO”, proceed to Step 5. If “YES”, return document to Human Resources

STEP 5: Employee discusses problem/condition with 3rd level supervisor.

Note: Discussion with 3rd level supervisor must occur within five (5) working days after the discussion date with the 2nd level supervisor.

Date of discussion: _____ Outcome(s) from discussion: _____

Response from 3rd level supervisor: _____

Signature: _____ Signature: _____
Employee Date Supervisor Date

Is grievance resolved to employee’s satisfaction? (Check only one) YES NO

If “NO”, proceed to Step 6. If “YES”, return document to Human Resources

STEP 6: Employee files grievance with location President

Note: Submission to President must occur within ten (10) working days after the discussion date with the 3rd level supervisor of the grievance.

**A College President is the final step for review and decision unless the College President is an immediate supervisor of an employee who requests a formal review or a grievance is filed against the College President. College President means the chief executive officer at a college, the District Service Center, or LeCroy Center, as appropriate.

Your signature below acknowledges that you understand this step is the final review and decision for the grievance you presented. Further, you understand that the President shall report a decision in writing to you within ten working days after the conclusion of the review.

Date submitted: _____ Signature: _____
Employee Date

Signature: _____
Human Resources Representative Date

