

\_\_\_\_\_  
Name of Employee                      Banner ID

\_\_\_\_\_  
Phone                      Email

\_\_\_\_\_  
Campus / Department

\_\_\_\_\_  
**Date of Action or Prior Level Grievance Response**

\_\_\_\_\_  
Name of Immediate Supervisor

\_\_\_\_\_  
Preferred Method of Communication

\_\_\_\_\_  
Phone              Email              Address of Record:

\_\_\_\_\_

\_\_\_\_\_

CHECK ONE OF THE FOLLOWING:

INFORMAL REQUEST

APPEAL



### REVIEW POLICY D.3.3 AND PROCEDURE D.3.3.1, EMPLOYEE COMPLAINTS

#### **ISSUE** *Required*

Under Employee Complaint Procedure D.3.3.1, a grievance under this procedure must clearly identify an issue regarding one of the following and must be submitted within 30 calendar days of the date the employee first knew, or with reasonable diligence should have known, of the decision or action giving rise to the complaint or grievance. **Please select basis for grievance from the selections below.**

An employee's compensation for number of hours worked and overtime, and pay deductions.

Conditions of work other than dismissal and nonrenewal of contract employees.

Specific adverse personnel actions based on the employee's good faith report to an appropriate law enforcement authority of a violation of a law by the College District or a College District employee. These are often called "whistleblower complaints" (see [D.3.2](#) and [D.3.2.2](#)).

**STATEMENT OF GRIEVANCE OR BASIS OF APPEAL:** Provide a clear and concise statement of the action the basis of the grievance or the grounds upon which you are appealing a previous decision in the process. Use additional pages as necessary. Be specific about any activity, or events leading up to this action, including specific comments, dates and locations. Identify and attach any necessary documents. **If appealing previous Level decision, include copies of Request and Decision being appealed.**



**REPRESENTATIVES:** You may designate a representative through written notice to the College District at any level of this process by submitting the attached Designation of Representative Form.

**WITNESSES:**

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_ Dept/Campus: \_\_\_\_\_  
Briefly, what did the witness hear or see?

Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_ Dept/Campus: \_\_\_\_\_  
Briefly, what did the witness hear or see?

**REMEDY SOUGHT**  
*Required*

**NEW EVIDENCE:** *Provide New Evidence no later than three (3) days prior to the hearing (up to Level III only).*

**By signing below you acknowledge that you have reviewed D.3.3/D.3.3.1 and are submitting this request under that process. In the event that this submission is an appeal of a previous Level III decision, you further acknowledge that Level IV is the Final Step in the Employee Complaint procedure outlined in D.3.3.1 and the decision of the Board of Trustees is final.**

Signature of Grievant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**SUBMIT TO HUMAN RESOURCES via email to: *dst-eerelations@alamo.edu*.**  
***For questions, call 210-485-0200***



***For Human Resources Use Only***

Date Received by Human Resources: _____	Accepted	Rejected			
Rejection basis: Invalid Dispute	No Remedy Requested	Untimely			
Rejection Explanation: _____					
<b>Grievance Level:</b>	Informal	Level I	Level II	Level III	Level IV

**ADDITIONAL INFORMATION (if necessary)**



## Designation of Representative

### *General Information*

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
Banner ID \_\_\_\_\_ Work Location \_\_\_\_\_

### *I have designated the following individual as my representative during the grievance:*

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

As provided by Alamo Colleges Policy and Procedure, I understand the following:

- The grievant is solely responsible for any associated cost to the Representative(s);
- If the Representative is an employee, s/he shall not represent the grievant during work hours. If meeting is scheduled during the Representatives' work hours, the Representative must be approved for vacation or personal leave to attend the meeting;
- The grievant may change, omit or amend this Designation with written notification to the Human Resources Department.
- The Department of Human Resources may reschedule any grievance conference if this Designation is provided 3 days or less prior to the scheduled grievance conference;

Please provide signature below as acknowledgement of the information above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date