APPENDIX & FORMS

Formal Grievance R	Receipt (Form 1):			A	
Receipt Notice Sent To:				_^_	
	Print Name			$ egthinspace{-1mm}$	
Receipt Notice Sent By:					
	Print Name		I (/ ONE STA	R
CMRRR No.:			- (ONE STA	E
	Certified Mail Return Re	eceipt Request No.			
Date Notice Sent:		·			
Formal Grievance N	Jotice of Conference				
with you regarding ye for a postponement	er our Board Policy Mour grievance. We man beyond those ten wing as soon as practical	y reschedule to working days is	a more conve	nient time, but a	a reques
time conflicts with you let me know as soon a my decision no later t do not receive my de	eduled your grievance our schedule, or you a as possible so we can re han five working days cision within five working lows you to es	are otherwise ur eschedule to a n s after the grieva rking days of ha	nable to make nore convenier nnce conference	this appointment time. You will be is actually held nce conference	it, pleaso l receive d. If you
Time:		- -			
Location:		_			
Date:		-			
Hearing Officer Print	ed Name / Title			Date	
Hearing Officer Signa	ature				
Training Officer Bigli	atui C				

First Level Appeal of Grievance Request Receipt (Form 2): **Receipt Notice Sent To:** Print Name **Receipt Notice Sent By:** Print Name CMRRR No.: Certified Mail Return Receipt Request No. **Date Notice Sent: First-Level Appeal Notice of Conference** Please note that under our Board Policy Manual, I have ten working days to hold a conference with you regarding your grievance. We may reschedule to a more convenient time, but a request for a postponement beyond those ten working days is not possible unless you request a postponement in writing as soon as practical. I have tentatively scheduled your grievance conference for the place, date, and time below. If this time conflicts with your schedule, or you are otherwise unable to make this appointment, please let me know as soon as possible so we can reschedule to a more convenient time. You will receive my decision no later than five working days after the grievance conference is actually held. If you do not receive my decision within five working days of having a grievance conference with me, Board Policy allows you to escalate your grievance to the Chancellor. Time: **Location:** Date: Hearing Officer Printed Name / Title Date Hearing Officer Signature

		quest Receipt (Form 3	<u>):</u>
Receipt Notice Sent To	o: 		
	Print Name		
Receipt Notice Sent By	y:		
	Print Name		I ONE STAR
CMRRR No.:	Certified Mail Return	n Receipt Request No.	LONE STAR COLLEGE
Date Notice Sent:			
Designee:			
Second-Level App	eal Notice of Confer	rence	
with you regarding for a postponemer postponement in wr	your grievance. We not beyond those tending as soon as pract	may reschedule to a money working days is not tical.	orking days to hold a conference ore convenient time, but a request possible unless you request a
time conflicts with let me know as soon my decision no later do not receive my of Board Policy allows	your schedule, or you as possible so we can than five working dedecision within five very you to escalate your	ou are otherwise unable an reschedule to a more of ays after the grievance of working days of having a grievance to the Board	lace, date, and time below. If this to make this appointment, please convenient time. You will receive conference is actually held. If you a grievance conference with me, of Trustees so long as you alleged rated Board Policy via Grievance
Time:			
Location:			
Date:			
Hearing Officer Pri	nted Name / Title		Date
Hearing Officer Sig	nature		

Request for B	oard Appeal of Grievance (Form 4):	A
Grievant:		
	Print Name	
	Signature	
		LONE STAR COLLEGE
		COLLEGE
_	d Policy Allegedly Violated:	

Please remember to attach a summary of the basis for your appeal.

Grievance History Form (Form 5)

Formal Grievance (Part 1)			
Grievant/Grievant-in-Charge Name:			
Date Received:	Notice of Receipt Sent:		
		(Within 3 working days of receipt)	
Campus/Location:			
	(Within	n 10 working days of receipt)	
Division:			
To be completed by the Grievance Conference Office	<u>er</u>		
Date of Conference:	Time:		
Location:			
Decision Due Date:	Notice of Appeal Deadline:		
(Within 5 days of the Conference)			
Decision Date:	Signature:		
<u>First-Level Appeal</u> (Part II)			
Date Received:	Notice of Receipt Sent:		
	(Within 3 working days of recei	ipt)	
Summary Sent to the Chancellor:			
(Within 3 working days of receipt)			
Appeal Conference Date:			
(Within 10 working days of receipt)			
To be completed by the Appeals Conference Officer			
Date of Conference:	Time:		
	Location:		
Deadline for Additional Information from Grievant:			
	(Within 3 working days of the C	Conference)	
Decision Due Date:	Notice of Appeal Deadli	ne:	
(Within 5 working days of the Conference)	(Within 10 working days of the Decision/Decision Due Date)		

PAGE 1 OF 2

Second-Level Appeal (Part III) Date Appeal Received: Notice of Receipt: __ (Within 3 working days of receipt) Appeal Conference Date: _____ (Within 10 working days of receipt) Summary Sent to the Board: _____ (Within 3 working days of receipt) To be completed by the Chancellor/Designee Date of Conference: Time: Location:____ Deadline for Additional Information from Grievant: (Within 3 working days of the Conference) **Decision Due Date: Notice of Appeal Deadline:** (Within 5 working days of the Conference) (Within 10 working days of the Decision/Decision Due Date) Appeal to the Board (Part IV) Date Received: _____ Location: ___ Notice of Receipt to Grievant: (Within 5 working days of receipt) Information Forwarded to the Board: (Within 5 working days of receipt) **Board Appeal Conference Date:** _ (Next Board Meeting at Least 15 Days Away) To be completed by the Board Chair Time: _____ Date of Hearing: Location: ____ **Decision Due Date:** (Within 30 working days of Appeal Conference Date) Signature:

PAGE 2 OF 2