

CLINT ISD  
071901

PERSONNEL-MANAGEMENT RELATIONS:  
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA (R)  
EXHIBIT A



# *Clint Independent School District*

## CLINT INDEPENDENT SCHOOL DISTRICT CONFERENCE FORM

NAME OF COMPLAINANT: \_\_\_\_\_

DATE: \_\_\_\_\_

NATURE OF COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADMINISTRATIVE RECOMMENDATION OR ACTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE