

HUNTSVILLE INDEPENDENT SCHOOL DISTRICT
DISPUTE RESOLUTION FORM

[Refer to Board Policy DGBA(LOCAL) for procedures and requirements]

LEVEL:

1. Principal/Work Location Supervisor
2. Regional Superintendent/Next Level Vertical Line Supervisor
3. Board of Education

EMPLOYEE'S NAME: _____

EMPLOYEE'S ADDRESS: _____

	Home Phone		
Street	City	State	Zip

EMPLOYEE ID#: _____ EMPLOYEE POSITION: _____

Email Address: _____

Work Location: _____ Work Location Phone: _____

Name, address, telephone and email address of representative, if any: _____

Date Concern/Dispute Occurred: _____ Date Filed: _____

Principal/Work Location Supervisor: _____

Statement of Concern/Dispute:

(Attach a copy of the statute or policy allegedly violated.)

Remedy Requested:

Signature of Employee

Date

