Employee Complaint Form – Level Three Appeal Notice

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, complete this form in its entirety and submit by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time frame established in Board Policy DGBA (Local). Appeals will be heard in accordance with DGBA (Legal) and (Local).

1. Name ____________________________________________________________

2. Address ____________________________________________________________

   Telephone number (_____) ____________________________________________

3. Position ______________________ Campus/Department ______________________

4. Will you have a representative present at the Level Two hearing? Yes ____ No ____

5. If Yes, identify your representative/agency ______________________________________

6. To whom did you present your complaint at Level Two? ______________________

   Date of Level Two Hearing ________________ Date response was received ________________

7. What remedy are you seeking? ____________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

8. Attach a copy of your original complaint and any documentation submitted at the Level One Hearing as well as copies of the Level Two appeal and response.

9. Do you want the Board to hear this appeal in open session? ______

   Please be aware that the Texas Open Meetings Act may prevent the Board from granting a request for open session.

   Employee signature ________________________________________________

   Representative’s signature ____________________________________________

   Date of filing ________________________________________________________

Level Three Employee Appeal Notice