

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in DGBA (LOCAL). Appeals will be heard in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

3. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

5. To whom did you present your complaint at Level One?

\_\_\_\_\_

Date of conference \_\_\_\_\_

Date you received a response to the Level One conference \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level One.

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

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

Employee signature \_\_\_\_\_

Signature of employee's representative \_\_\_\_\_

Date of filing \_\_\_\_\_