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 ________________________________