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 __________________________________________________________________

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