

**CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT
NOTICE OF APPEAL: LEVEL TWO**

This form must be filled out completely by an employee appealing a level one decision to the designated central office administrator in accordance with the District's policies DGBA and DGBA (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position/Campus: _____

3. To whom did you last appeal? _____

Date: _____

4. If you will be represented in pursuing your complaint, please identify that individual or organization:

Name: _____

Address: _____

Telephone: _____

5. **Attach copy of original complaint.**

6. **Attach copy of complaint decision being appealed.**

Signature: _____

Date submitted: _____