

**CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT  
NOTICE OF APPEAL TO THE BOARD OF TRUSTEES: LEVEL THREE**

This form must be filled out completely by an employee appealing a complaint decision to the Board of Trustees 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: \_\_\_\_\_