



LEVEL II COMPLAINT

This form must be filled out completely by an employee appealing a Level I decision to the Superintendent or designee in accordance with DBGA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Position: _____ Department/Campus: _____
3. Home Phone: _____ Cell Phone: _____
4. To whom did you last present your complaint? _____

5. If you will be representing in pursuing your complaint, please identify the individual or organization representing you:
Name: _____
Address: _____
Telephone: _____
6. Please state the date of the event or series of events causing your complaint: _____

7. Please state your complaint, including the individual harm alleged: _____

8. Please state specific facts that support your complaint (list in details): _____

9. Please state the remedy you seek for this complaint: _____

*Attach a copy of the original complaint and a copy of the Level I decision.

Employee Signature

Date Submitted