



LEVEL III COMPLAINT

This form must be filled out completely by an employee appealing a Level II decision to the School Board, 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? _____
Date of conference: _____
5. If you will be representing in pursuing your complaint, please identify the individual or organization representing you:
Name: _____
Address: _____
Telephone: _____

*Attach the following documents:

- A) Original Complaint
- B) Level I Decision
- C) Level II Complaint
- D) Level II Decision
- E) Any other documents presented in Level I.

Employee Signature

Date Submitted