PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT

EMPLOYEE COMPLAINT FORM

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in DGBA (LOCAL). Appeals will be heard in accordance with DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

_____

Telephone number (___) _____

3. Position _____ Campus/Department _____

4. If you will be represented in voicing your appeal, please identify the person representing you.

Name _____

Address _____

_____

Telephone number (___) _____

5. To whom did you present your complaint at Level One? _____

Date of conference _____

Date you received a response to the Level One conference _____

6. Please explain specifically how you disagree with the outcome at Level One.

_____

_____

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

Employee signature _____

Signature of employee's representative _____

Date of filing _____