



**Level Two**  
**Grievance / Complaint Form**

Complete this form in accordance with District policy DGBA (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Two complaint to the Assistant Superintendent for Human Resources.

1. Employee Name \_\_\_\_\_
2. Identify the administrator who held the Level One conference. \_\_\_\_\_
3. Identify the date you received the Level One decision \_\_\_\_\_
4. Attach a copy of the Level One decision and specifically identify in the space provided below the part(s) of the Level One decision that you factually or legally disagree with that you want the superintendent's designee to review.

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5. Specifically, state why you disagree with the part(s) of the Level One decision that you identified in response to number 4 above.

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6. Attach the documents you relied upon at Level One (if any) and explain how they support your position of response 4 and 5 above. Only those documents identified will be considered at Level Two.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

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