



**Level Three**  
**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 Three complaint to the Assistant Superintendent of Human Resources.

1. Name \_\_\_\_\_
2. Identify the administrator who held the Level Two conference \_\_\_\_\_
3. Identify the date you received the Level Two decision \_\_\_\_\_
4. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

---

---

---

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

---

---

---

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

---

---

---

\_\_\_\_\_  
Signature

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

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

---

---

---

---