



LEVEL TWO NOTICE OF APPEAL TO SUPERINTENDENT

This form must be filled out completely by an employee appealing a Level One decision to the superintendent or designee in accordance with the District's policy DGBA (LEGAL) & (LOCAL) or any exceptions outlined therein.

1. Name _____

Address _____

Telephone number () _____

2. Position: _____ Campus: _____

3. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

Name _____ Phone _____

Address _____

Telephone number () _____

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

Date of the conference _____

Date you received a response to the Level One Conference _____

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

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

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

Employee Signature

Date of Filing

Signature of Employee's representative

Superintendent's Signature

Date Received