

### Employee Complaint — Level Three Appeal Notice

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and, within the time established in DGBA(LOCAL), submit it by hand delivery, fax, e-mail, or U.S. mail as follows:

**Office of Policy and Legal Affairs**  
**2425 East Main Street**  
**League City, TX 77573**  
**Fax: 281-284-9900**  
E-mail: [LegalAffairs@ccisd.net](mailto:LegalAffairs@ccisd.net)

Appeals will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

*(Please print.)*

- 1. Name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- 3. Position: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

- 4. If you will be represented in presenting your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- 5. Who held the Level Two conference? \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level Two conference: \_\_\_\_\_

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

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7. Informal resolution is encouraged but does not extend any deadlines in DGBA(LOCAL), except by mutual written consent. In order to meet informally with the Level Three administrator within the next ten District business days, do you agree to extend by ten District business days the deadline for holding the formal Level Three conference?

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8. Please describe the **outcome** or **remedy** you seek.

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9. Attach a copy of the Level Two response being appealed, if applicable.

Employee signature: \_\_\_\_\_

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

*Complainant, please note:*

*A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refile is within the designated time for filing a complaint or appeal.*

*Please keep a copy of the completed form and any supporting documentation for your records.*