

Employee Complaint — 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, 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

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 One conference? _____

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. 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 Two 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 Two conference?

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

9. Attach a copy of the Level One 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 refiling 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.