

Employee Complaint — Level Four Appeal Notice

To appeal a Level Three decision, or the lack of a timely response after a Level Three 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: _____

Date you received a response to the Level Three conference: _____

5. To whom did you present your complaint at Level Three? _____

Date of conference: _____

Date you received a response to the Level Three conference: _____

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

7. Do you request that consideration of this appeal be conducted in open session or closed session?

If you request this appeal be conducted in open session, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

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

9. Attach a copy of the Level Three 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 record.