

PERSONNEL-MANAGEMENT
EMPLOYEE COMPLAINTS/GRIEVANCES

NOTICE OF APPEAL TO THE BOARD: LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two decision to the Board, in accordance with the District's policies DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Position/campus _____

3. To whom did you last present your complaint? _____

Date of conference _____

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

Name _____

Address _____

Telephone: (____) _____

5. Attach a copy of the original complaint and the Level One and Level Two decisions.

Employee signature

Date submitted