

PERSONNEL-MANAGEMENT RELATIONS:  
EMPLOYEE COMPLAINTS/GRIEVANCES

NOTICE OF APPEAL: LEVEL TWO

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 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.

6. Attach a copy of the Level One decision being appealed.

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

\_\_\_\_\_  
Date Submitted