Wimberley ISD
Strength. Innovation. Excellence.

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 submit it by hand delivery, electronic communication, or U.S. mail to the Superintendent or designee within the time established in DGBA(LOCAL). Appeals will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

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: _____

   Who held the Level Two conference? _____

   Date of conference: _____

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

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

   _____

   _____

6. Do you want the Board to hear this appeal in open session? ☐ Yes ☐ No
   If so, 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.
7. Attach a copy of your original Level One complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.
8. 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 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.