



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. Campus and Position: _____

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

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

Name: _____

Address: _____

Telephone: _____

Email: _____

5. Please attach a copy of the original complaint.

6. Please attach a copy of the Level One decision being appealed.

Employee Signature

Date