



### **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. Campus and Position: \_\_\_\_\_

3. To whom did you last present your complaint? \_\_\_\_\_

4. Date of last complaint conference: \_\_\_\_\_

5. 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 and the Level One and Level Two decisions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date submitted