

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, 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: (\_\_\_\_) \_\_\_\_\_

3. Position: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

4. If you will be represented in voicing your complaint, 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 re-schedule the conference or hearing to a later date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone number: (\_\_\_\_) \_\_\_\_\_

5. To whom did you present your complaint at Level One? \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level One conference \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level One.

\_\_\_\_\_  
\_\_\_\_\_

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

PERSONNEL-MANAGEMENT RELATIONS  
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA  
(EXHIBIT)

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

Signature of employee's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_