



**WINK-LOVING
INDEPENDENT SCHOOL DISTRICT**

Employee Complaint Form – Level Two Appeal Notice

To appeal a Level One decision, or the lack of a timely response after a Level One conference, complete this form in its entirety and submit by hand delivery, fax, or U.S. mail to the appropriate administrator within the time frame established in Board Policy DGBA (Local). All complaints will be heard in accordance with DGBA (Legal) and (Local).

1. Name _____

2. Address _____

Telephone number (____) _____

3. Position _____ Campus/Department _____

4. Will you have a representative present at the Level Two hearing? Yes _____ No _____

5. If Yes, identify your representative/agency _____

6. To whom did you present your complaint at Level One? _____

Date of Level One Hearing _____ Date response was received _____

7. What remedy are you seeking? _____

8. Attach a copy of your original complaint and any documentation submitted at the Level One Hearing.

9. Attach a copy of the Level One response being appealed.

Employee signature _____

Representative's signature _____

Date of filing _____