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, e-mail, 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 appeal, please identify the person representing you.

   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.

Employee signature __________________________________________________________

Signature of employee’s representative ___________________________________________