

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 and DGBA (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Position/campus: _____

3. To whom did you last appeal? _____

Date: _____

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

Name: _____

Address: _____

Telephone: () _____

5. Attach copy of original complaint.

6. Attach copy of complaint decision being appealed.

Signature: _____ Date submitted: _____