

NOTICE OF APPEAL TO THE BOARD: LEVEL THREE

This form must be filled out completely by an employee appealing a complaint decision to the Board 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 and all complaint decisions.

Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_