

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT B

NOTICE OF APPEAL: LEVEL TWO

This form must be filled out completely by an employee appealing a Level One decision to the Superintendent's designee in accordance with the District's DGBA(LEGAL) and (LOCAL) policies or any exceptions outlined therein.

1. Name: _____
2. Position/Campus: _____
3. To whom did you last present your complaint? _____
Date of conference: _____
4. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.
Name: _____
Address: _____

Representative Email: _____
Representative Telephone: _____
Area Code Telephone Number
5. Attach a copy of the original complaint.
6. Attach a copy of the Level One decision being appealed.

Employee Email: _____
Employee Telephone: _____
Area Code Telephone Number

Employee Signature

Date Submitted