

PERSONNEL-MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS/GRIEVANCES

DGBA
(EXHIBIT)

EXHIBIT C

NOTICE OF APPEAL: LEVEL THREE

This form must be filled out completely by an employee appealing a Level Two 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 and the Level One and Level Two decisions.

Employee Email: _____

Employee Telephone: _____

Area Code

Telephone Number

Employee Signature

Date Submitted