

All sections of this form must be **filled out completely** by an employee appealing a Level One decision to the Associate Superintendent for Staff and Student Services or designee in accordance with the District's policies. Please attach supporting documentation. **Incomplete forms may result in the form being returned for resubmission.**

Name:

Campus/Dept:

Date Filing Level 2:

Within 10 Days of Level 1 Response: ☐ Yes ☐ No

Level 1 Date Hearing Held:

Level 1 Officer's

Name:

☐ Yes, I am requesting a Level 2 Hearing to consider appeal of Level 1 Hearing Officer's decision.

Per DGBA (LOCAL): The employee may designate a representative through written notice to the District at any level of this process. If the employee designates a representative with fewer than three days' notice to the District before a scheduled conference or hearing, the District may reschedule the conference or hearing to a later date, if desired, in order to include the District's counsel. The District may be represented by counsel at any level of the process.

If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

Representative Name: \_

Organization: \_

Address: \_

Telephone Number: ( ) \_

What remedy was requested and not resolved at Level 1, and what resolution are you requesting at Level 2?

\_\_\_\_\_  
Employee's Signature

**\*\*Please remember to attach a copy of the original complaints and response letters**

**For Office Use Only**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_