

All sections of this form must be filled out completely by an employee appealing a Level Two decision to the Board, in accordance with the District’s policies DGBA (LEGAL) and (LOCAL) or any exceptions outlined therein. Please attach supporting documentation. **Incomplete forms may result in the form being returned for resubmission.**

Name: _____ Campus/Dept: _____

Date Filing Level 3: _____ Within 10 Days of Level 2 Response: Yes No

Level 1 Date Hearing Held: _____ Level 1 Officer’s Name: _____

Level 2 Date Hearing Held: _____ Level 2 Officer’s Name: _____

Yes, I am requesting a Level 3 Hearing to consider appeal of Level 2 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.

Representatives Name: _____

Organization: _____

Address: _____

Telephone Number: (_____) _____

What remedy was requested and not resolved at Level 2, and what resolution are you requesting at Level 3?

Employee’s Signature _____

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

For Office Use Only
Date Received: _____
Received By: _____