

EMPLOYEE COMPLAINT FORM—LEVEL TWO APPEAL NOTICE
MERKEL ISD

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in DGBA(LOCAL). All complaints will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number (_____) _____

3. Position _____

Campus/Department _____

4. If you will be represented in voicing your appeal, please identify the person representing you.

Name _____

Address _____

Telephone number (_____) _____

5. To whom did you present your complaint at Level One?

Date of conference _____

Date you received a response to the Level One conference

6. Please explain specifically how you disagree with the outcome at Level One.

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

Employee signature _____

Signature of employee's representative _____

Date of filing _____