

EMPLOYEE COMPLAINT FORM—LEVEL THREE APPEAL NOTICE  
MERKEL I.S.D.

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

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

3. Position \_\_\_\_\_ Campus \_\_\_\_\_

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 appeal at Level Two? \_\_\_\_\_

Date of conference \_\_\_\_\_

Date you received a response to the Level Two conference \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do you want the Board to hear this appeal in open session? \_\_\_\_\_  
Please be aware that the Texas Open Meetings Act may prevent the Board from granting a request for open session.
8. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.
9. Attach a copy of the Level Two response being appealed, if applicable.

Employee signature \_\_\_\_\_

Signature of employee's representative \_\_\_\_\_

Date of filing \_\_\_\_\_