



EMPLOYEE COMPLAINT/GRIEVANCE LEVEL TWO

Policy DGBA

INSTRUCTIONS

To appeal a Level One decision, or the lack of a timely response after a Level One conference, complete this form and submit by hand delivery, fax, or US mail to the superintendent and to the human resources director within the time established in DGBA (Local). Appeal will be heard in accordance with DGBA (Legal) and DGBA (Local).

An incomplete request for a Level Two conference may be dismissed. This form may be resubmitted with all the required information within the designated time for filing a complaint.

Attach to this form a copy of your original complaint and any documentation submitted at Level One. Also, attach a copy of the Level One response.

Keep a copy of the completed form and any supporting documentation for your records.

Name: _____ Department/Campus: _____

Employee ID _____ Position: _____

Home Address: _____ City, State, Zip Code _____

Telephone number(s): (____) _____ (____) _____



1. If you will be represented in pursuing your complaint, please identify the individual and/or organization:

Name: _____

Address: _____

Telephone: (____) _____

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

3. Date of Level One Conference: _____

4. Date Level One Response Received: _____

5. Please state specifically how you disagree with the outcome of the Level One response:

6. Please state specific remedy you sought in Level One that was denied or not addressed that you are now seeking remedy at Level Two:

Employee Signature

Date