

HAMSHIRE-FANNETT ISD

EMPLOYEE COMPLAINT FORM NOTICE OF APPEAL: LEVEL TWO

This form must be filled out completely by an employee appealing a level one decision to the Superintendent or designee in accordance with the District's policies DGBA and DGBA (LOCAL) or any exceptions outlined therein. *Form may be brought to Superintendent's office by complainant or forwarded in a timely by the principal's office.*

1. Name: _____
2. Position/campus: _____
3. To whom did you last appeal? _____

Date: _____

4. If you will be represented in pursuing your complaint, please identify that individual or organization:

Name: _____

Address: _____

Telephone: (____) _____

5. Attach a copy of original complaint.
6. Attach a copy of complaint decision being appealed.

Signature Date
Person making statement

Signature Date
Person receiving statement