

# HAMSHIRE-FANNETT ISD

## EMPLOYEE COMPLAINT FORM NOTICE OF APPEAL TO THE BOARD: LEVEL THREE

This form must be filled out completely by an employee of the district, appealing a complaint decision to the Board in accordance with the District's Policy DGBA & DGBA (LOCAL).

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 and all complaint decisions on Levels One and Two.**

**I AM REQUESTING TO BE PLACED ON THE AGENDA FOR THE NEXT REGULAR BOARD MEETING TO BE HELD ON \_\_\_\_ Monday, May 28, 2013, the Regular May Board Meeting.**

\_\_\_\_\_  
Signature Date  
Person *making* appeal

\_\_\_\_\_  
Signature Date  
Person *receiving* appeal