Irion County Independent School District

302 North 3rd Street

Mertzon, TX

325-835-6111

PERSONNEL-MANAGEMENT RELATIONS EMPLOYEE COMPLAINTS/GRIEVANCES EXHIBIT C

DGBA (EXHIBIT)

LEVEL TWO APPEAL NOTICE

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, electronic communication or U.S. mail to the Superintendent or designee within ten days of the date of the written Level one response or, if no response was received, within ten days of the Level One response deadline per DGBA(LOCAL). Appeals will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

(Please print.)	
Name:	
Telephone Number:	
Email address:	
Position:	Campus/Department
you. If the person repre below. The District will unavailable.	ed in presenting your complaint, please identify the person representing senting you will participate by telephone conference call, please check inform you if the equipment necessary for telephone representation is be by telephone conference call.
Please note: You must	designate a representative who will be participating in person or by ce notice of at least three days, or the District may reschedule the
•	
Email Address:	
Who held the Level One	conference?
Date you received a res	oonse to the Level One conference:

Please explain specifically how you disagree with the outcome at Level One?
Attach a copy of your original Level One complaint and any documentation submitted at Level One.
Attach a copy of the Level One response being appealed, if applicable.
Employee signature:
Signature of employee's representative:
Date of filing:

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.

Please keep a copy of the completed form and any supporting documentation for our records.