

**SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT**

**EMPLOYEE GRIEVANCE/COMPLAINT FORM: LEVEL TWO**

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 the time established in Board Policy GAEP. Appeals will be heard in accordance with this policy.

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

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

Telephone # (    ) \_\_\_\_\_ Email address: \_\_\_\_\_

3. Position \_\_\_\_\_ Campus/Dept. \_\_\_\_\_

4. If you will be represented in representing your appeal, please identify the person representing you.

**Please note: If a representative will be participating in person or by telephone, you must provide the District an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #(    ) \_\_\_\_\_ Email address: \_\_\_\_\_

5. Who held the Level One conference? \_\_\_\_\_

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

Date you received a response to the Level One conference: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

7. Attach a copy of your Level One complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

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

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

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