

**SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT**  
**EMPLOYEE GRIEVANCE/COMPLAINT FORM: LEVEL THREE**

To appeal a Level Two decision, or the lack of a timely response after a Level Two 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 presenting 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 Two conference? \_\_\_\_\_  
Date of conference \_\_\_\_\_  
Date you receive a response to the Level Two conference? \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level Two.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

- Employee signature \_\_\_\_\_
- Signature of employee's representative \_\_\_\_\_
- Date of filing \_\_\_\_\_