
Coppell ISD
EMPLOYEE APPEAL FORM – LEVEL THREE

To file a formal appeal of the Level Two decision, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the appropriate administrator within the timeline established in DGBA (Local). All complaints will be heard in accordance with DGBA (Legal) and (Local) or any exceptions outlined therein.

Employee Name: _____

Address: _____

City, State, and Zip: _____

Telephone #: _____

Position: _____ Campus/Department _____

Will you have a representative present at the Level Three hearing? Yes _____ No _____

If yes, identify your representative/agency: Name _____ Phone: _____

To whom did you present your Level Two Grievance/Complaint? _____

Date of Level Two hearing _____ Date response was received _____

What remedy are you seeking? _____

Attach a copy of your original Level One Grievance and Level Two appeal and any documentation submitted.

Attach a copy of the Level One and Level Two responses being appealed.

Employee Signature

Date

Representative's Signature

Date

Date of filing: _____

CISD policies regarding the process for filing complaints including Title IX, 504, & Special Education, may be found on-line at <http://pol.tasb.org/Home/Index/373>