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**Coppell ISD**  
**EMPLOYEE APPEAL FORM – LEVEL TWO**

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To file a formal appeal of the Level One 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 Two hearing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify your representative/agency: Name \_\_\_\_\_ Phone: \_\_\_\_\_

To whom did you present your Level One Grievance/Complaint? \_\_\_\_\_

Date of Level One hearing \_\_\_\_\_ Date response was received \_\_\_\_\_

What remedy are you seeking? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a copy of your original grievance/complaint and any documentation submitted at the Level One hearing.

Attach a copy of the Level One response 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>