

COMANCHE INDEPENDENT SCHOOL DISTRICT

Notice of Appeal to the Board – Level III

This form must be filled out completely by an employee appealing a Level II decision to the Board in accordance with local grievance procedures.

Name _____

Position _____ Department/Campus _____

To whom and when did you present your last complaint? _____ Date _____

If you will be represented in pursuing your complaint, please identify the individual or organization representing you:

Name _____ Address _____

Phone _____

Attach a copy of the original complaint and, if applicable, a copy of the Level II decision being appealed.

Signature

Date Submitted