

STATE PERSONNEL BOARD'S APPEAL/COMPLAINT FORM

GENERAL INSTRUCTIONS: Per the California Code of Regulations, title 2, section 52.4 (http://www.spb.ca.gov/content/appeals/SPB_Hearing_Manual.pdf), the State Personnel Board (SPB), Appeals Division (AD) **must** receive **all** appeals or complaints in writing. Clearly identify the facts that form the basis for the filing, all known involved parties, and specify the remedy or relief requested. Further, the appellant or complainant should include a copy of the determination or action that is the subject of the appeal. Failure to include any of the previous information may result in the matter being rejected. This Appeals/Complaint Form must be received by the AD within the applicable time frame for the specific type of appeal being filed.

SPB USE ONLY

Please complete all applicable items on this form in the sections below. DO NOT include your Social Security Number anywhere on this form. Note: Multiple appeals or complaints require multiple forms.

1. APPELLANT / COMPLAINANT INFORMATION

Name (First, Middle Initial, and Last):		E-mail Address:	
<input style="width: 55%; height: 20px;" type="text"/>		<input style="width: 35%; height: 20px;" type="text"/>	
Street Address:	City:	State:	Zip Code:
<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>
Home Phone Number:	Cell Phone Number:	Work Phone Number:	
<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 30%; height: 20px;" type="text"/>	<input style="width: 35%; height: 20px;" type="text"/>	

2. REPRESENTATION (if applicable)

Rep's Name (First, Middle Initial, and Last):		Law Firm or Union:	
<input style="width: 55%; height: 20px;" type="text"/>		<input style="width: 35%; height: 20px;" type="text"/>	
Street Address:	City:	State:	Zip Code:
<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>
E-mail Address:	Work Phone Number:	Cell Phone Number:	
<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 20%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/>	

3. EMPLOYMENT / DEPARTMENT / AGENCY INFORMATION

Department/Agency:		Title of classification you are appealing (<i>DO NOT use acronyms</i>):	
<input style="width: 45%; height: 20px;" type="text"/>		<input style="width: 50%; height: 20px;" type="text"/>	
Street Address:	City:	State:	Zip Code:
<input style="width: 45%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>
Department Contact (if known):	Contact E-mail Address:	Work Number:	Fax Number:
<input style="width: 35%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>

4. TYPE OF APPEAL / COMPLAINT (check only one)

<input type="checkbox"/> Adverse/Disciplinary Action (NOAA)	<input type="checkbox"/> Lesser Adverse Action	<input type="checkbox"/> Request to File Charges (RTFC)
<input type="checkbox"/> California Family Rights Act Complaint (CFRA)	<input type="checkbox"/> Medical Termination/Demotion/Transfer	<input type="checkbox"/> Termination of Career Executive Assignment (CEA) Appointment
<input type="checkbox"/> California State University (CSU)	<input type="checkbox"/> Merit Issue Complaint (MIC)	<input type="checkbox"/> Termination of Limited Examination & Appointment Program (LEAP)
<input type="checkbox"/> Constructive Medical Termination	<input type="checkbox"/> Non-Punitive Termination/Demotion/Transfer (License Revocation/Restriction)	<input type="checkbox"/> Termination/Automatic resignation of Permanent Intermittent Employee
<input type="checkbox"/> Discrimination Complaint (Incl. Harassment, Retaliation & Denial of Reasonable Accommodation)	<input type="checkbox"/> Pre-Employment Medical/Psychological Disqualification or Drug Test Failure	<input type="checkbox"/> Voided Appointment
<input type="checkbox"/> Dismissed Employee's Denial to Take Civil Service Exam	<input type="checkbox"/> Rejection During Probationary Period (RDP)	<input type="checkbox"/> Whistleblower Retaliation Complaint
<input type="checkbox"/> Examination (Incl. out-of-class claims to meet Minimum Qualifications)		<input type="checkbox"/> Withhold From Certification



5. REASONS FOR APPEAL / COMPLAINT

I disagree with, and wish to appeal the Department (Agency) Decision/Action dated:

MY REASONS ARE AS FOLLOWS (attach additional pages as needed):

Additional page(s) attached.

Please Note: Further information concerning the types of appeals and complaints, as well as, related time frames for filing is available in the **Appeals Resource Guide** which may be accessed through the Appeals Procedures section of the SPB website at www.spb.ca.gov. To avoid delays in processing of your appeal, please enclose a copy of the notice, action, or response you received from the department/agency involved.

Appeals/Complaints and supporting documentation should be filed by e-mail to appeals@spb.ca.gov, by fax to 916-654-6055, mailed through USPS, or hand-delivered to:

**State Personnel Board
Attn: Appeals Division
801 Capitol Mall, #MS-22
Sacramento, CA 95814**

Signature of Appellant/Complainant or their Representative

Today's Date

**Electronic signature accepted pursuant to Cal. Code of Regs., tit.2, § 52.1 (c)*