

STATE PERSONNEL BOARD APPEAL/COMPLAINT FORM

SPB USE ONLY

GENERAL INSTRUCTIONS: All appeals and complaints must be in writing. Most appeals and all complaints must clearly identify the facts that form the basis for an appeal or a complaint, all known parties, and specify the remedy or relief requested. Failure to identify the factual basis for an appeal/complaint subject to this requirement may result in the matter being rejected by the Appeals Division. Further, the appellant or complainant should include a copy of the determination or action that is the subject of the appeal or complaint. The Appeal Form must be received by the Appeals Division of SPB within the applicable time lines for the specific type of appeal or complaint as outlined in the California Code of Regulations, title 2, section 52.4.

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

APPELLANT

Name (Last, First Middle Initial)			
Mailing Address (Number)		(Street)	E-Mail Address
(City)	(State)	(Zip Code)	
Phone (Home)		(Work)	(Cell)

REPRESENTATION (if applicable)

Name (Last, First Middle Initial)		Phone (Work)	
Law Firm or Union			Fax
Mailing Address (Number)		(Street)	E-Mail Address
(City)	(State)	(Zip Code)	

EMPLOYMENT/DEPARTMENT/AGENCY INFORMATION

Name of the Classification/Title you are appealing			
Department/Agency		Fax	
Contact (if known)		Phone (Work)	
Mailing Address (Number)		(Street)	E-Mail Address
(City)	(State)	(Zip Code)	

TYPE OF APPEAL/COMPLAINT: (CHECK ONLY ONE)

<input type="checkbox"/> Adverse Action/Disciplinary Action	<input type="checkbox"/> Request to File Charges
<input type="checkbox"/> Constructive Medical Termination	<input type="checkbox"/> Termination of Limited Examination and Appointment Program
<input type="checkbox"/> Discrimination Complaint (includes Harassment, Retaliation & Denial of Reasonable Accommodation)	<input type="checkbox"/> Termination/Automatic Resignation of Permanent Intermittent Employee
<input type="checkbox"/> Dismissed Employee's Denial to Take Civil Service Examination	<input type="checkbox"/> Termination of Career Executive Assignment (CEA) Appointment
<input type="checkbox"/> Examination (includes Minimum Qualifications & Out-of-Class claims)	<input type="checkbox"/> Voided Appointment
<input type="checkbox"/> Lesser Adverse Action	<input type="checkbox"/> Whistleblower Retaliation Complaint
<input type="checkbox"/> Medical Termination/Demotion/Transfer	<input type="checkbox"/> Withhold From Certification
<input type="checkbox"/> Merit Issue Complaint	
<input type="checkbox"/> Nonpunitive Termination/Demotion/Transfer (License Revocation/Restriction)	<input type="checkbox"/> California State University (CSU) Appeal
<input type="checkbox"/> Pre-Employment Medical/Psychological Disqualification or Drug-Test Failure	<input type="checkbox"/> Appeal from Counties without Approved Merit System
<input type="checkbox"/> Rejection During Probationary Period	

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PAGE 2

REASON(S) FOR APPEAL/COMPLAINT:

I disagree with and 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 at www.spb.ca.gov. To avoid delay 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 email (appeals@spb.ca.gov), but can also be mailed, personally delivered or sent by facsimile transmission (fax) to:

State Personnel Board
Attn: Appeals Division
801 Capitol Mall, MS #22
Sacramento, California 95814
FAX: (916) 654-6055

SIGNATURE OF APPELLANT/REPRESENTATIVE

DATED