



# STATE PERSONNEL BOARD APPEALS/COMPLAINT FORM

SPB USE ONLY

**GENERAL INSTRUCTIONS:** Per the California Code of Regulations, title 2, section 52.4, 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. The AD must receive this Appeals/Complaint Form within the applicable time frame for the specific type of appeal being filed.

- **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 will each require a separate form.

### APPELLANT / COMPLAINANT INFORMATION

Name (First, Middle Initial, Last)		Email Address:	
Street Address	City	State	Zip Code
Home Phone Number	Cell Phone	Work Phone	

### REPRESENTATION (if applicable)

Representative's Name (First, Middle Initial, Last):		Business Name (Law firm/Union):	
Mailing Address:	City	State	Zip Code
Email Address:	Cell Phone	Work Phone	

### EMPLOYMENT / DEPARTMENT / AGENCY INFORMATION

Name of Classification (Job Title) you are appealing:			
Department/Agency Name:		Contact Name (if known)	
Mailing Address:	City	State	Zip Code
Email Address:	Work Phone	Fax Number	

### TYPE OF APPEAL / COMPLAINT (choose one)

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



**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](http://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 email to [appeals@spb.ca.gov](mailto: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**

Clear Form

Print Form

Submit

\_\_\_\_\_  
Signature of Appellant/Complainant or their Representative

\_\_\_\_\_  
Today's Date

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