PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT

STUDENT/PARENT COMPLAINT FORM

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax or U.S. mail to the Superintendent or designee within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

_____

Telephone number (___)_____

3. Campus _____

4. If you will be represented in voicing your appeal, please identify the person representing you.

Name _____

Address _____

_____

Telephone number (___)_____

5. To whom did you present your complaint at Level One? _____

Date of conference _____

Date you received a response to the Level One conference _____

6. Please explain specifically how you disagree with the outcome at Level One.

_____

_____

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

Student or parent signature _____

Signature of the student's or parent's representative
_____

Date of filing _____