

**Maypearl Independent School District
Notice of Complaint at Level Three**

This form must be filled out completely by a student, parent or employee appealing a Level Two decision, or the lack of a timely response after a Level Two hearing, to the Superintendent or designee, in accordance with FNG(LOCAL)/DGBA(LOCAL) or any exceptions outlined therein.

1. Name_____

2. Campus_____

3. Address_____

4. Home telephone_____

5. To whom and on what date did you last present your complaint? Please state decision made.

6. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.

Name_____

Address_____

7. Please state the date of the event or series of events causing your complaint._____

8. Please state your complaint, including the individual harm alleged._____

9. Please state specific facts that support your complaint in detail._____

Requested Relief: _____

Printed Name: _____

Signature: _____