

**SANTA MARIA INDEPENDENT SCHOOL DISTRICT
GRIEVANCE LEVEL TWO APPEAL NOTICE**

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

Name _____

Address _____

Telephone number (_____) _____ Email address _____

If you will be represented in pursuing your appeal, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below. The District will inform you if the equipment necessary for telephone representation is unavailable.

Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Who held the Level One conference? _____

Date of conference _____

Date you received a response to the Level One conference _____

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

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

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

Community Member's signature

Signature of Community Member's representative

Date of filing

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.