

NOTICE OF APPEAL OF LEVEL I DECISION

Date: _____

Name of Complainant: _____

Relationship to Student: _____

Student Name: _____ Campus: _____

I APPEAL THE DECISION MADE AT LEVEL I AND REQUEST A LEVEL II MEETING.

- Please attach a copy of the original complaint form at Level I.
- Please attach copy of decision at Level I, if applicable.

Signature _____

If you will be represented in pursuing your complaint, please identify that individual or organization.

Name _____

Address _____

Telephone (____) _____

Signature of School Official Receiving Appeal: _____

Printed Name of School Official: _____

Date Appeal Received: _____

DATE ISSUED:

ADOPTED: 12/13/2004

AMENDED:

FNG(LOCAL)-E