

PORT ARTHUR INDEPENDENT SCHOOL DISTRICT

NOTICE OF COMPLAINT AT LEVEL TWO

Name _____

Address _____

Telephone Number(s) _____

Position _____ **Department/Campus** _____

This form must be filled out completely by an employee appealing a Level One decision, or the lack of a timely response after a Level One conference, to the Superintendent or designee, in accordance with DGBA (LEGAL AND LOCAL) or any exceptions outlined therein.

If you will be represented in voicing your complaint, please identify the person representing you:

Name _____

Address _____

Telephone Number(s) _____

1. To whom did you last present your complaint?

Date of conference _____

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

3. Please state your complaint, including the individual harm alleged.

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4. Please state specific facts that support your complaint (list in detail).

5. Please state the remedy you seek for this complaint.

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

Employee signature _____

Date submitted _____

Person Receiving Statement _____

Date Statement Received _____