

LEVEL TWO GRIEVANCE (APPEAL OF LEVEL ONE)
FNG: PARENT/STUDENT GRIEVANCE

This appeal form is to be used by grievants who are not satisfied with the decision received at Level One. To appeal a Level One decision, or the lack of a timely response after a Level One conference, to a Level Two hearing, please complete this form and submit by hand delivery, fax, email, or U.S. Mail to the individual designated on the District's website, within 20 days of the date of the written Level One response. The appeal will be handled in accordance with FNG.

Grievant's Name: _____ Student's Name: _____

Email Address: _____ Telephone: _____

Mailing Address: _____

Date of Incident: _____ School/Campus: _____

Date of Level One Conference: _____ Level One Administrator: _____

**If you will be represented in presenting your grievance, please identify your representative.
The identified representative will be contacted for the hearing by the District.**

Representative's Name: _____ Telephone: _____

Address: _____

Email address: _____

The District will attach a copy of your grievance form from Level One and all supporting documentation, as well as the response from the District at Level One and all other documents relied upon by the Level One administrator in reaching the Level One decision, as applicable.

Grievant's Signature: _____

Date: _____

FOR DISTRICT USE ONLY:

Received By: _____

Date: _____

(if applicable) Form was forwarded to: _____ Date: _____

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Assigned Administrator: _____ Schedule Hearing Before: _____

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