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

This appeal form is to be used by grievants who are not satisfied with the decision received at Level Two. To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, to a Level Three 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 Two response. The appeal will be handled in accordance with FNG. Level Three hearings are held in front of the Board of Trustees or a committee of at least three members composed only of members of the Board.

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

Email Address: _____ Telephone: _____

Mailing Address: _____

Date of Incident: _____ School/Campus: _____

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

Date of Level Two Conference: _____ Level Two Administrator: _____

Request for Level Three Hearing to be open or closed (*not required*): _____

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 the Level One record, the notice of appeal from Level One ot Level Two, the written response issued at Level Two and any attachments, a summary of all previous oral testimony, and all other documents relied upon by the administration in reaching the Level Two decision, as applicable.

Grievant's Signature: _____

Date: _____

FOR DISTRICT USE ONLY:

Received By: _____

Date: _____

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

Please state your disagreement with the decision received at Level Two.

Please state your requested remedy.

FOR DISTRICT USE ONLY:

Schedule Hearing Before: _____