



Parent/ Student Complaint Form: Level Two

This form is to be completed and returned to the campus principal or Executive Director of Student Services.
All complaints will be processed in accordance with the district policies FNG (LEGAL) and FNG (LOCAL).

Your name (first/last): _____ Student ID: _____

Your student's name (first/last): _____

Mailing address: _____

Phone number: _____ Email address: _____

Campus: _____

If you will be represented in voicing your appeal, please identify the person representing you.

Name: _____ Email address: _____

Address: _____ Telephone number: _____

Does the representing party/organization have permission to access records for this appeal? _____

To whom did you present your complaint at Level One? _____

Date of Level One Conference: _____

Date you received a response to the Level One Conference: _____

Please explain specifically how you disagree with the outcome at Level One. If additional space is needed, you may attach a separate page.

Attach a copy of your original complaint and any documentation submitted under Level One.

Attach/upload a copy of the Level One Response being appealed, if applicable.

Student or parent/guardian signature: _____

Signature of the student's or parent's/guardian's representative: _____

Date of filing: _____