EAGLE MOUNTAIN SAGINAW ISD

Fostering a Culture of Excellence

Level II Public/Community Member Complaint Grievance Appeal Notice

To file an appeal of a Level I decision in accordance with Board Policy GF (LOCAL), please fill out this form completely and submit via email to Grievance@ems-isd.net, or by hand or standard mail delivery to the Director of Policy and Information Management, 1600 Mustang Rock Road, Fort Worth, TX 76179. All formal complaints/grievances will be heard in accordance with GF (LEGAL and LOCAL).

DATE OF FILING: _____

NAME: _____

POSITION: _____

CAMPUS/DEPARTMENT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

1. **List the date of Level I Conference Meeting.**

2. **State the Name of the Level I Hearing Officer.**

3. **List the date of the Level I written response/decision letter.**

4. **Explain specifically why you disagree or not satisfied with the outcome of the Level I Conference.**

_____
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5. **Attach a copy of the original complaint and documented submitted in the Level I Complaint/Grievance.**

6. **Attach a copy of the Level I Response/Decision being appealed.**

Signature: _____