

# WESLACO INDEPENDENT SCHOOL DISTRICT

## PUBLIC COMPLAINT FORM POLICY GF - LEVEL THREE

Dear Superintendent:

This is to furnish you with written notice of my desire to appeal the decision arising from my Level Two Complaint. Pursuant to the provisions of Board policy GF(LOCAL), please advise me of the date, time, and place of the Level Three Appeal Hearing Conference before the Board of Trustees. GF(LOCAL) requires that notice of appeal be filed in writing with the Superintendent within twenty (20) calendar days following the receipt of the Level Two decision.

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The name, address, and telephone number of my representative, if applicable, are provided herein.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Complainant/Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Received by)

\_\_\_\_\_  
Date