

Date Received

MATHIS INDEPENDENT SCHOOL DISTRICT

Exhibit C STUDENT/PARENT GRIEVANCE

FNG (LEGAL) & (LOCAL)

Level Two
Notice of Appeal

This form must be filled out completely by a student/parent appealing a Level One decision to the Superintendent or designee in accordance with the District's policy FNG (Legal) & (Local). To appeal a Level One decision, please fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the Superintendent or designee within the time established in FNG (Local). Appeals must be filed within 20 days of receiving a written decision. Please be advised that the only remedies ruled upon shall be those listed in the Level Two Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Grievant's information (All information is required) PLEASE PRINT

Name		
Address	City/State	Phone
E-mail		

If you will be represented, please identify the person representing you.

<input type="checkbox"/> Legal Counsel <input type="checkbox"/> Representative	Name/Organization
Address	City/State
Phone	E-mail

1. To whom did you present your grievance at Level One?

Date conference was held: _____

