

Date Received

# MATHIS INDEPENDENT SCHOOL DISTRICT

Exhibit D STUDENT/PARENT GRIEVANCE

FNG (LEGAL) & (LOCAL)

## Level Three Appeal Notice To Board of Trustees

To appeal a Level Two 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. Appeals will be heard in accordance with FNG (Legal) and (Local). Please be advised that the only remedies ruled upon shall be those listed in the Level Three Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the presiding officer of the Board, you shall be afforded a reasonable amount of time to present your grievance.

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

<b>Name</b>		
<b>Address</b>	<b>City/State</b>	<b>Phone</b>
<b>E-mail</b>		

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

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

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

\_\_\_\_\_

Date conference was held: \_\_\_\_\_

