EXHIBIT D

Student/Parent/Guardian Grievance Form Level Three

To appeal a Level Two decision, or the lack of a timely Level Two response, submit this completed form to GrievanceSupport@pisd.edu within the timeline established by Board Policy FNG (LOCAL). Forms may also be submitted to the Plano ISD Legal Department, 2700 W. 15th Street, Plano, TX 75075. Appeals will be handled in accordance with FNG (LEGAL) and FNG (LOCAL).

SECTION I - Grievant Information

Parent/Guardian: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email Address: _____
Student Name/ID#: _____
Campus: _____

SECTION II - Level Two Appeal Information

Level Two Hearing Officer:

_____

Date of Level Two hearing:

_____

Date you received the Level Two response:

_____

Please explain specifically how you disagree with the outcome of the Level Two decision (be as specific as possible) or why you believe the time for a Level Two response has expired.

_____
_____
_____
_____
_____

This appeal is generally limited to issues raised in the Level One grievance and Level Two appeal. The grievant may submit additional information or documentation related to those issues. New issues or claims raised for the first time on appeal may be submitted as a separate grievance.

Required Attachments

- ☐ Original Level One Grievance Form
- ☐ Supporting documentation submitted at Level One
- ☐ Level One written response
- ☐ Level Two Appeal Form
- ☐ Supporting documentation submitted at Level Two
- ☐ Level Two written response (if applicable)

Attach a copy of the Level Two response being appealed, if applicable.

SECTION III - Representation

If you will be represented during the grievance process, identify your representative below.

Name: _____

Address: _____

Telephone: _____

Email: _____

SECTION IV - Signatures and Certification

☐ I certify that this appeal concerns issues raised in the Level One grievance and that the information provided is true and accurate to the best of my knowledge.

Grievant Signature:

_____

Representative Signature (if applicable):

_____

Grievant, please note:

This appeal notice must be filed within twenty business days of the date of the written Level Two response or, if no response was received, within twenty business days of the Level Two response deadline.

FOR DISTRICT USE ONLY:

Date Received: _____

Received By: _____

Method of Filing: _____

Status:

- ☐ Accepted for Processing
- ☐ Returned for Clarification
- ☐ Dismissed as Untimely
- ☐ Other: _____