EXHIBIT F

Student/Parent/Guardian Grievance Form Level Four

To appeal a Level Three decision, or the lack of a timely response after a Level Three conference, please fill out this form completely and submit it to GrievanceSupport@pisd.edu within the time established in FNG (LOCAL). In addition, this form may be mailed or submitted to the Legal Services Department, Plano ISD Administration Building, 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 Three Appeal Information

Level Three Hearing Officer:

_____

Date of Level Three hearing:

_____

Date you received the Level Three response:

_____

Please explain specifically why you disagree with the outcome of the Level Three decision or why you believe the time for a Level Three response has expired.

_____
_____
_____
_____
_____

Do you want the Board to hear this appeal in open session?

☐ Yes
☐ No

The Board will consider your request; however, whether this appeal is heard in open or closed session will be determined in accordance with the Texas Open Meetings Act and other applicable law.

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
- ☐ Level Three Appeal Form
- ☐ Supporting documentation submitted at Level Three
- ☐ Level Three written response (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 Three response or, if no response was received, within twenty business days of the Level Three response deadline.

FOR DISTRICT USE ONLY:

Date of filing: _____

Complete for Processing: _____

Method of filing: _____

Name of person receiving filing: _____