Exhibit D — Response to Level Two Appeal

_____ *(date)*

_____ *(complainant's name)*

_____ *(complainant's address)*

_____ *(complainant's email)*

Dear _____:

Having considered the Level Two appeal on _____ *(date)*, I have decided on the following response:

[Note: When preparing the letter, include only <u>one</u> of the following choices.]

For the following reasons, I am unable to grant your appeal:

_____

_____

I will uphold the decision made at Level One by _____ *(name)* and communicated to you in the Level One response.

OR

For the following reasons, I wish to grant your appeal:

_____

_____

I have instructed _____ *(name)* to find a resolution in keeping with the remedy you seek.

OR

For the following reasons, I am unable to fully grant your appeal:

_____

_____

I have instructed _____ *(name)* to take the following actions as a partial remedy to your complaint:

_____

_____

The following documents support this decision:

_____

_____

_____

_____, Superintendent *(or designee)*

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary appeal forms are available on the District's website at _____ *(insert URL)*. If you have any questions, please contact _____ *(insert position title)*.