

Exhibit E — 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 one 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 FNG(LOCAL). The necessary appeal forms are available on the District's website at <https://www.gainesvilleisd.org/about-gisdyes>. If you have any questions, please contact the Director of Human Resources.