



La Vernia Independent School District

GRIEVANCE – PUBLIC COMPLAINT LEVEL TWO APPEAL NOTICE

To appeal a Level One decision or the lack of timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the superintendent or designee within the time established in GF (LOCAL). Appeals will be heard in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name: _____

Address: _____

Telephone number: (____) _____

Position: _____ Department/campus: _____

If you will be represented in pursuing your complaint, please identify the individual or organization representing you:

Name: _____

Address: _____

Telephone: _____

To whom did you present your complaint at Level One? _____

Date of conference _____

Date you received a response to the Level One conference: _____

Please explain specifically how you disagree with the outcome at Level One:

Attach a copy of the original complaint and any documentation submitted at Level One.

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

Employee signature

Signature of employee's representative

Date of filing