



**La Vernia Independent School District**

**GRIEVANCE – STUDENT / PARENT 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 FNG (LOCAL). Appeals will be heard in accordance with FNG (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.

\_\_\_\_\_  
Student / Parent Signature

\_\_\_\_\_  
Signature of representative

\_\_\_\_\_  
Date of filing