



District Use Only

Date Received: _____

Received By: _____

Notice of Complaint – Level Three Appeal

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please complete this form and submit it to the Superintendent for Board of Trustee consideration within the time established in District policies DGBA (LOCAL), FNG (LOCAL) and/or GF (LOCAL). All appeals will be heard in accordance with the aforementioned policies or any exceptions outlined therein. For any appeal regarding student discipline, please see the following document: [Appeals Explanation](#)

1. Complainant's name		2. Complainant's address	
3. Complainant's phone number		4. Complainant's campus, if applicable	
5. If you will be represented in voicing your appeal, please identify that individual or organization: Name _____ Address _____ Telephone Number _____			
6. To whom did you present your complaint at Level Two?	7. Date of Level Two conference	8. Date you received a response to the Level Two conference	
9. Please explain specifically how you disagree with the outcome at Level Two.			
10. Do you want the board to hear this appeal in open session? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.			
12. Attach a copy of the Level Two response being appealed, if applicable.			
Signature of Complainant		Signature of Complainant's Representative	Date of filing