



ROCKWALL INDEPENDENT SCHOOL DISTRICT

Notice of Complaint – Level Two Appeal

To appeal a Level One decision or the lack of a timely response after a Level One conference, please complete this form and submit it to the appropriate Assistant Superintendent or Director 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.

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 One?	7. Date of Level One conference	8. Date you received a response to the Level One conference	
9. Please explain specifically how you disagree with the outcome at Level One.			
10. Attach a copy of your original complaint and any documentation submitted at Level One.			
<input type="checkbox"/> Original complaint attached <input type="checkbox"/> Level One documentation attached			
11. Attach a copy of the Level One response being appealed, if applicable.			
<input type="checkbox"/> Level One response attached			
Signature of Complainant	Signature of Complainant's Representative	Date of filing	