# STUDENT/PARENT COMPLAINT FORM
# LEVEL TWO APPEAL NOTICE

To appeal a LEVEL ONE decision, or the lack of a timely response after a LEVEL ONE conference, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the Superintendent or designee within **TEN DAYS** as established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

PARENT NAME: _____

STUDENT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL _____

CAMPUS: _____

1. IF YOU WILL BE REPRESENTED IN PRESENTING YOUR COMPLAINT, PLEASE IDENTIFY THE PERSON REPRESENTING YOU.

   NAME _____

   ADDRESS _____

   PHONE _____

   EMAIL _____

2. WHO HELD THE LEVEL ONE CONFERENCE? _____

   DATE OF CONFERENCE _____

   DID YOU RECEIVE A RESPONSE TO THE LEVEL ONE CONFERENCE? _____

3. PLEASE EXPLAIN SPECIFICALLY HOW YOU DISAGREE WITH THE LEVEL ONE OUTCOME.

INGRAM
INDEPENDENT SCHOOL DISTRICT

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4. PLEASE ATTACH A COPY OF YOUR ORIGINAL LEVEL ONE COMPLAINT AND ANY DOCUMENTATION SUBMITTED AT LEVEL ONE.
5. PLEASE ATTACH A COPY OF THE LEVEL ONE RESPONSE BEING APPEALED, IF APPLICABLE.

SIGNATURE OF COMPLAINANT _____

SIGNATURE OF COMPLAINANT'S REPRESENTATIVE _____

DATE OF FILING _____

**COMPLAINANT, PLEASE NOTE:**
A complaint form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint or appeal.
Please keep a copy of the completed form and any supporting documentation for your records.