

**Dalhart I.S.D.**  
**COMPLAINT FORM: LEVEL TWO APPEAL NOTICE**  
**Board Policy FNG(LOCAL)**

This form must be filled out completely by parents/students appealing a Level One decision, or the lack of a timely response after a Level One conference, to the Superintendent, in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name of person filing complaint: \_\_\_\_\_

Name of student for whom appeal is made (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Campus/Department \_\_\_\_\_ Grade Level \_\_\_\_\_

2. Complaint is being made against: \_\_\_\_\_

Level Two complaints should be submitted to the Superintendent within ten days after receipt of a Level One response or, if no response was received, within ten days of the response deadline at Level One. The Superintendent will hold a conference with the parent/student within ten days after this appeal notice is filed. At the conference, the Superintendent will consider only the issues and documents presented at Level One and identified in this Level Two appeal notice as well as any documents developed in his or her investigation of the complaint. The Superintendent will have ten days following the conference to provide a written response.

3. To whom did you submit your Level One complaint appeal? \_\_\_\_\_

4. Date of conference on Level One appeal \_\_\_\_\_

5. Date received a response to the Level One appeal \_\_\_\_\_

6. Please explain how you disagree with the outcome of the Level One appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Additional statements or information provided regarding this appeal:

\_\_\_\_\_  
\_\_\_\_\_

8. If you will be represented in pursuing your appeal, please identify the individual or organization representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**REQUIRED ATTACHMENTS** (Please ensure the following are attached and included when filing with this form):

1. A copy of the Level One appeal.
2. A copy of the Level One decision being appealed.

Sign and date below. Please attach any additional written pages or documentation.

"I affirm that the above and attached statements are true to the best of my knowledge."

Signature of person making this appeal \_\_\_\_\_ date \_\_\_\_\_

Signature of person receiving this appeal \_\_\_\_\_ date \_\_\_\_\_