PUBLIC COMPLAINT FORM – LEVEL TWO

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

1. NAME: ________________________________

2. ADDRESS: ________________________________

3. TELEPHONE NUMBER: (H) ________________

(W) ________________

4. To whom did you last present your complaint?

______________________________________________________________________________

______________________________________________________________________________

Date of Conference: ________________________________

5. If you will be represented in pursuing your complaint, please identify the individual representing you.

Name: __________________________________________________________

Address: _________________________________________________________

___________________________________________________________________________

Phone: ______________________________________________________________
6. Attach a copy of your original complaint.

7. Attach a copy of the Level One decision being appealed, if applicable.

Signature: _______________________

Date Submitted: ________________