



District Use Only

Date Received: _____

Received By: _____

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 administrator 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 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