Date Rec:	 Init:



LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or lack of a timely response after the Level One conference, please fill out this form completely and submit it by hand delivery, email, or U.S. mail to Superintendent, or designee, within the time established in PG-3.30(LOCAL). Appeals will be heard in accordance with PG-3.30(LEGAL) and (LOCAL) or any exceptions outlined therein.

1.Name:	
2. Address:	
Telephone number:	E-mail address:
3. Campus:	
4. If you will be represented in presenting you	ur appeal, please identify the person representing you.
Name:	
Address:	
Telephone number:	E-mail address:
5. Who held the Level One conference?	
Date of conference:	
Date you received a response to the Level On	ne conference:
6. Please explain specifically how you disagre-	e with the outcome at Level One.
dated 9-2-16	
7. Attach a copy of your original Level One co	omplaint and any documentation submitted at
Level One	



8. Attach a copy of the Level One response being appealed, if applicable.
Student or parent signature:
Signature of student's or parent's representative:
Date of filing:
Complainant, please note: A complaint or appeal 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.

Please keep a copy of the completed form and any supporting documentation for your records.