Date Rec:	Init:



## LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or lack of a timely response after the Level Two 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:	<del>-</del>		
2. Address:			
Telephone number:	E-mail address:		
3. Campus:			
4. If you will be represented in presenting your app	eal, please identify the person representing you.		
Name:			
Address:			
Telephone number:	_ E-mail address:		
5. Who held the Level Two conference?			
Date of conference:			
Date you received a response to the Level Two conference:			
6. Please explain specifically how you disagree with the outcome at Level Two.			
dated 9-2-16			

7. Do you want the Board to hear this appeal in open session? ☐ Yes ☐ No



- 8. Attach a copy of your original Level One complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.
- 9. Attach a copy of the Level Two response being appealed.

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.