

**CUERO INDEPENDENT SCHOOL DISTRICT  
PUBLIC COMPLAINT FORM – LEVEL TWO APPEAL NOTICE**

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

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

1. If you will be represented in voicing your complaint, please identify the person representing you.

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

1. To whom did you present your complaint at Level One?

\_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level One conference: \_\_\_\_\_

1. Please explain specifically how you disagree with the outcome at Level One.

\_\_\_\_\_

\_\_\_\_\_

1. Attach a copy of your original complaint and any documentation submitted at Level One.
2. Attach a copy of the Level One response being appealed, if applicable.

Signature of complainant: \_\_\_\_\_

Signature of complainant's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_