



Forsan Independent School District

P. O. Box 689 - 411 West 6th
Forsan, Texas 79733
Phone (432) 457-2223
FAX (432) 457-2225
<http://forsan.esc18.net>

RESPONSE TO LEVEL ONE COMPLAINT

_____ (date)
_____ (name of complainant)
_____ (address of complainant)

_____ (e-mail of complainant)

Dear _____:

Having considered the complaint at the Level One conference on _____ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

For the following reasons, I am unable to provide the remedy you seek:

I will take the following actions to grant the remedy you seek for your complaint:

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

Signature of supervisor, principal, or other appropriate administrator

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in [DGBA \(LOCAL\)](#). The necessary appeal forms are available at _____ during regular business hours.