



Forsan Independent School District

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RESPONSE TO LEVEL TWO APPEAL

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

_____ (e-mail of complainant)

Dear _____:

Having considered the Level Two appeal on _____ (date), I have decided on the following response:

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

I am unable to grant your appeal. I will uphold the decision made at Level One by _____ (name) and communicated to you in the Level One response.

I wish to grant your appeal and have instructed _____ (name) to find a resolution in keeping with the remedy you seek.

Although I am unable to fully grant your appeal, I have instructed _____ (name) to take the following actions as a partial remedy to your complaint: _____

Superintendent or designee

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.