



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>

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, electronic communication, or U.S. mail to the Superintendent or designee within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(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 your 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 One conference: _____

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

7. Attach a copy of your original Level One complaint 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 the 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 or appeal.

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