



## INDIVIDUAL COMPLAINT FORM: LEVEL TWO

This form must be filled out completely by an individual appealing a Level One decision in accordance with Board Policy (Local) or any exceptions outlined therein.

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

2. If you will be represented in pursuing your complaint, please identify that individual or organization:

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

3. Campus: \_\_\_\_\_

4. To whom did you last appeal? \_\_\_\_\_

Date: \_\_\_\_\_

5. Attach a copy of your original Level One complaint and any documentation submitted at Level One.

6. Attach a copy of the Level One response being appealed, if applicable.

7. Please explain specifically how you disagree with the outcome at Level One. \_\_\_\_\_

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*Compliant, please note:*

*The appropriate level administrator or level hearing will be designated to respond to the complaint in accordance with this policy.*

*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.*

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_