

THRALL INDEPENDENT SCHOOL DISTRICT
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

NOTICE OF COMPLAINT AT LEVEL TWO

This form must be filled out completely by member of the public filing a Level Two complaint with the Superintendent or designee, in accordance with FNG (LOCAL) or any exceptions outlines therein.

1. Name _____

2. Address _____

3. Home telephone _____

4. To whom did you last present your complaint? _____

Date of conference _____

5. If you will be represented in pursuing your complaint, please identify the person or organization representing you.

Name _____

Address _____

Telephone _____

6. Please state the date of the event or series of events causing your complaint.

7. Please state your complaint, including the individual harm alleged.

8. Please state specific facts that support your complaint (*list in detail*).

9. Please state the remedy you seek for this complaint.

10. Attach a copy of the Level One decision.

Signature of complainant

Date submitted