

JARRELL INDEPENDENT SCHOOL DISTRICT

LEVEL II _____ **or** **LEVEL III** _____ **(Check One)**

Check one: <input type="checkbox"/> Parent/Student Complaint (FNG) <input type="checkbox"/> Employee Grievance (DGBA) <input type="checkbox"/> Public Complaint (GF) Policies are available on line at www.jarrellisd.org ; then click on Our Board link.

FOR OFFICE USE ONLY Date received by district _____ Received by _____ Copies to _____ _____ Conference to be held by _____
--

**NOTE: LEVEL ONE FORM
MUST BE COMPLETED
PLEASE PRINT**

1. Name _____
 Home Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____

2. Campus/Department _____
 If employee, position held: _____

3. Describe your objection to the decision you are appealing. Be specific. Attach a copy of the appeals and responses at lower levels.

4. If you will be represented in your presentation, please identify that individual or organization.

Name _____

Address _____

Telephone _____

5. Signature: _____ Date _____