

THRALL INDEPENDENT SCHOOL DISTRICT
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE

This form must be filled out completely by a member of the public appealing a Level Two decision to the Board, in accordance with FNG (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

3. Home Phone _____

4. To whom did you last present this 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. Attach a copy of your original Level Two complaint.

7. Attach copies of the Level One and Level Two decisions.

Complainant's signature

Date submitted