

# HAMSHIRE-FANNETT ISD

## COMPLAINT FORM – STUDENT/PARENT NOTICE OF APPEAL: LEVEL TWO

This form must be filled out completely by a student in the district, a parent of a student in the district, or a resident of the district appealing a Level One decision to the Superintendent or designee in accordance with Board Policy FNG and FNG (LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_
2. Position/campus: \_\_\_\_\_
3. To whom did you last appeal? \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

5. **Attach copy of original complaint.**
6. **Attach copy of complaint decision being appealed.**

\_\_\_\_\_  
Signature Date  
Person *making* statement

\_\_\_\_\_  
Signature Date  
Person *receiving* statement