

Katy Independent School District
NOTICE OF APPEAL AT LEVEL TWO

Note: Informal resolution shall be encouraged but shall not extend any deadlines in this policy, except by mutual written consent.

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Associate Superintendent for Administration, Governance, and Legal Affairs in accordance with FNG(LEGAL) and (LOCAL). A student or parent may not present a formal complaint to the Board until all administrative remedies (appeal processes) have been exhausted.

Student's Name: _____

Parent/Guardian's Name: _____

Address: _____ Daytime Telephone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Campus: _____ Grade Level: _____

1. To whom did you present your complaint at Level One? _____

2. Date of the Level One conference: _____

3. Date you received a response to the Level One Conference: _____

4. Please explain how you disagree with the outcome at Level One:

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

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

7. If you will be represented in voicing your complaint, please identify the person representing you:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Representation will be by telephone conference call.

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Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

Attach a copy of your original complaint and any documentation submitted at Level One. The scope of the grievance and/or the relief sought may not change after the Level One conference.

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

A complaint form that is incomplete may be dismissed but may be resubmitted when all required information is completed if the resubmission is within the designated time for filing a complaint.

A resolved grievance may not be appealed to the next level.

Parent or Guardian Signature:	Date:
Signature of Representative, if applicable:	Date:

FOR OFFICE USE ONLY	
Date and Time Received:	Case Number: