

SAN ANTONIO ISD

**STUDENT/PARENT COMPLAINT FORM – LEVEL TWO**

To appeal a Level One decision, please fill out this form completely and submit it by hand-delivery, electronic communication ([grievances@saisd.net](mailto:grievances@saisd.net)), or U.S. Mail to the appropriate administrator within the time established in FNG (LOCAL). All complaints will be heard in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein.

Student's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Campus \_\_\_\_\_

If you will have a designated representative to speak on your behalf, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Who held the Level One conference? \_\_\_\_\_

State the date of the Level One conference: \_\_\_\_\_

Attach a copy of your original Level One complaint and any documentation submitted at Level One and a copy of the Level One response.

Please describe the outcome or remedy you seek from this complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's or parent's signature

\_\_\_\_\_  
Date of filing

\_\_\_\_\_  
Signature of student's or parent's representative

\_\_\_\_\_  
Date of filing

Please note: A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refileing is within the designated time for filing a complaint. Please keep a copy of the completed form and any supporting documentation for your records.