

SAN ANTONIO ISD

PUBLIC 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), or U.S. Mail to the appropriate administrator within the time established in GF (LOCAL). All complaints will be heard in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

Complainant's Name _____

Address _____

Telephone number (_____) _____

Email Address _____

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.

Complainant's signature

Date of filing

Signature of complainant'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 refiled is within the designated time for filing a complaint. Please keep a copy of the completed form and any supporting documentation for your records.