PUBLIC COMPLAINT FORM – LEVEL THREE

To appeal a Level Two decision, please fill out this form completely and submit it by hand-delivery, electronic communication (grievances@saisd.net), or U.S. Mail to the Superintendent or designee 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		
Name		
Address		
Telephone number ()_		
Email Address		
Who held the Level Two conference?		
State the date of the Level Two conference:		
Attach a copy of your original Level Two complaint and a the Level Two response.	any documentation submitted at Level Two and a copy o	
Please describe the outcome or remedy you seek from t	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 refiling is within the designated time for filing a complaint. Please keep a copy of the completed form and any supporting documentation for your records.