



Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

LEVEL TWO (Superintendent)

This form must be filled out completely by a student or parent appealing a Level One decision to the Superintendent or designee.

1. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

2. Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

3. Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Please write a brief description of the incident

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

5. Has this incident been reported to anyone else? \_\_\_\_\_

Name & Position

6. What remedy do you seek to this complaint?

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

7. Attach a copy of your original Level One complaint.

8. Attach a copy of your Level One decision.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Student / Parent Signature & Date

Will you have Legal Representation? YES or NO --- If Yes, list name of representative \_\_\_\_\_

Please provide the student/parent a copy of this report at filing.