



Date Received ____/____/____

LEVEL THREE (Board of Trustees)

This form must be filled out completely by a student or parent appealing a Level Two decision to the Board, In accordance with FNG (Local) or any exceptions outlined therein:

1. Name _____ Grade _____

2. Campus _____

3. Address _____

4. Home Telephone _____

5. To whom did you last present this complaint? _____ Date of Conference ____/____/____

6. If you will be represented by another person in pursuing your complaint, please identify the person representing you.

Name _____

Address _____

City, State and Zip _____

Telephone Number _____

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

8. Attach copies of the Level One and Level Two decisions.

Student/Parent Signature & Date

_____/_____/____

Received by & 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.