



SCHOOL of EXCELLENCE
in EDUCATION

PARENT/STUDENT COMPLAINT FORM

NOTICE OF COMPLAINT - LEVEL III

This form must be filled out completely by a student or parent/guardian appealing a Level II decision, or the lack of a timely response after a Level II conference, to the Superintendent, in accordance with the District Board Policy or any exceptions outlined herein.

Section 1. Please fill-in your contact information and the Campus/Department to which the complaint is towards.

Student's Name: _____ **Grade:** _____ **Campus:** _____

Parent's Name: _____ **Contact Number:** _____

Mailing Address: _____

Section 2. If you will be represented by a Parent/Guardian or other adult in pursuing your complaint, please identify the person representing you. **(NOTE: Students must have Parent/Guardian Representation.)**

Representative Name: _____ **Contact Number:** _____

Mailing Address: _____

Section 3. Please provide the name and date of whom you last presented your complaint?

Section 4. Please identify specifically what you disagree with in [the] Level II response and/or decision.



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Section 5. Please identify the issues that you think should be addressed in the Level III conference.

Section 6. Please state the remedy you seek for this complaint.

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

NOTE: ATTACH COPIES OF THE LEVEL I & II COMPLAINTS AND THE DECISIONS APPEALED, IF APPLICABLE.

Office Personnel Date Stamp Received:

Personnel Name: _____ **Signature:** _____

****Please provide copy to Student/Parent/Guardian****