

Salado Independent School District
Parent/Student Complaint Form
Level Two

Complete this form in accordance with District policy FNG (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. The appeal notice must be filed in writing within ten days of the date of the written Level One response or, if no response was received, within ten days of the Level One response deadline with the Superintendent or their designee.

1. Student's Name _____
2. Parent's Name _____
3. Address & Telephone Number _____
4. Campus _____
5. Identify the date you received the Level One decision _____
6. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the superintendent or his/her designee to review.

7. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 6 above.

8. Attach the documents you relied upon at Level One (if any) and explain how they support your position at response 6 and 7 above. Only those documents identified will be considered at Level Two.

Signature and date on page 2.

Parent's Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.
