

Lampasas Independent School District Level Three Complaint Form

Complete and submit this form in accordance with District policy FNG, DGBA, and GF (LOCAL), as applicable. Your complaint will be dismissed if it is untimely or submitted with incomplete information. Submit your Level Three complaint to the Superintendent.

FOR OFFICE USE ONLY
Date received by LISD: _____
Received by: _____
Copies to: _____

Conference to be held by: _____

Check one: <input type="checkbox"/> Parent/Student Complaint (FNG) <input type="checkbox"/> Employee Complaint (DGBA) <input type="checkbox"/> Public Complaint (GF)

- Name _____
- Identify the administrator who held the Level Two conference and provided the Level Two decision _____
- Identify the date you received the Level Two decision _____
- Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

- Specifically state why you disagree with the part(s) of the Level Two decision that you identified in response to No. 4 above.

- Attach the documents you relied upon at Level Two (if any) and explain how they support your position at response 4 and 5 above. Only those documents identified will be considered at Level Three.

Complainant Signature

Date Submitted

If you will be represented in voicing your appeal, please identify the person representing you. Name, address, and telephone of representative, if any, if not previously provided.

