

Lampasas Independent School District Level Two 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 Two 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)

1. Name _____
2. Identify the administrator who held the Level One conference and provided the Level One decision _____
3. Identify the date you received the Level One decision _____
4. 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.

5. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 4 above.

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

Complainant Signature

Date Submitted

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

