

NOTICE OF APPEAL: LEVEL THREE

This form must be filled out completely by public appealing a complaint decision to the Board in accordance with the District's policies GF (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. To whom did you last appeal? _____

Date: _____

3. If you will be represented in pursuing your complaint, please identify that individual or organization:

Name: _____

Address: _____

Telephone: (____) _____

4. Attach copy of original complaint.

5. Attach copy of complaint decision being appealed.

Signature: _____ Date submitted: _____