

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, email or U.S. Mail to **Director of Compliance and Policy in Student Services** within the time established in GF(LOCAL). Appeals will be heard in accordance with GF(LOCAL) or any exceptions outlined therein.

NAME: _____
ORGANIZATION NAME: _____
ADDRESS: _____
TELEPHONE NO: _____

If you will be represented in voicing your complaint, please identify the person representing you.

NAME: _____
ADDRESS: _____
TELEPHONE NO.: _____

To whom did you present your complaint at Level One? _____

Date of conference: _____

Date you received a response to the Level One conference: _____

Please explain specifically how you disagree with the outcome at Level One.

Attach a copy of your original complaint and any documentation submitted at Level One.

Attach a copy of the Level One response being appealed, if applicable.

Signature: _____

Signature of representative: _____

Date of filing: _____