
Documentation
Request Level 2 Appeal

Date Received: _____ By Whom: _____

Per Board Policy: "To appeal a Level 1 decision, or the lack of a timely response after a Level 1 conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG Board Policy. Appeals will be heard in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein."

Parent Name: _____ Student Name: _____

Campus: _____ Date of Level 1 Conference: _____

Date Received Level 1 Response: _____

1. Please explain specifically how you disagree with the outcome or do not feel the proper relief was given in Level 1.
2. Describe the relief that you are requesting.
3. If you will have a representative present at the Level 2 Conference, please list his/her name, relationship to the student and the best number to reach him/her.

Student or parent signature _____

Date _____

Retention: Resolution or dismissal of complaint + 2 years

Date of Destruction:

This institution does not discriminate based on race, religion, color, national origin, gender, sex, or disability in providing education services, activities, and programs per Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973.