



LEAKEY ISD

Soaring to Success



NOTICE OF COMPLAINT AT LEVEL TWO

This form must be filled out completely by a member of the public filing a Level two complaint with the Superintendent or designee, in accordance with GF (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

3. Home telephone _____

4. To whom did you last present your complaint? _____

Date of conference _____

5. If you will be represented in pursuing your complaint, please identify the person or organization representing you.

Name _____

Address _____

Telephone number _____

6. Please state the date of the event or series of events causing your complaint.

7. Please state your complaint, including the individual harm alleged.

8. Please state specific facts that support your complaint (*list in detail*).

9. Please state the remedy you seek for this complaint.

10. *Attach a copy of the Level One decision.*

Signature of complainant

Date submitted

This school district and its Career and Technology Education Program does not discriminate on the basis of sex, disability, race, color, age or national origin in its educational programs, activities, or employment as required by Title IX, Section 504 and Title VI.

Este distrito escolar y su Programa Educacional de Carrera y Tecnología no discriminan en base a sexo, discapacidad, raza, color, edad u origen nacional en sus programas educativos, actividades, o empleo como lo requiere el Título IX, Sección 504, y Título VI.

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