

**PAMPA INDEPENDENT SCHOOL DISTRICT
STUDENT, PARENT, OR CITIZEN COMPLAINT
NOTICE OF COMPLAINT: LEVEL TWO**

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, fax, or US mail to the superintendent or designee within the time established in accordance with the District's policies FNG and GF, or any exceptions outlined therein.

1. Complainant's Name: _____

2. Address: _____ Phone: _____

3. To whom did you present your appeal at Level One? _____

4. Date of conference: _____

If you will be represented in pursuing your complaint, please identify the individual or organization representing you:

Name: _____

Address: _____

Telephone: _____

5. State the date of the event or series of events causing the complaint:

6. Please state your complaint including the individual harm alleged and the remedy sought:

7. Please state specific facts of which you are aware to support your complaint (list in detail).

Student, Parent, or Citizen Signature

Signature of Student, Parent, or Citizen Representative

Date of filing

Updated 02-28-09

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El Distrito de la Escuela Independiente de Pampa (PISD) no discrimina en base a raza, color, origen nacional,
sexo, discapacidad, o edad