

Level II Public/Community Member Complaint Grievance Appeal Notice

To file an appeal of a Level I decision in accordance with Board Policy GF (LOCAL), please fill out this form completely and submit via email to Grievance@ems-isd.net, or by hand or standard mail delivery to the Director of Compliance and Policy, 1 _____, Fort Worth, TX 76179. All formal complaints/grievances will be heard in accordance with GF (LEGAL and LOCAL).

DATE OF FILING: _____

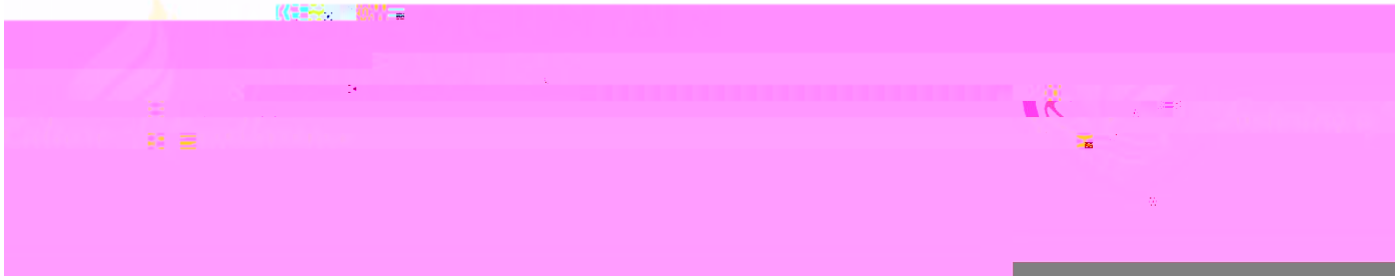
NAME: _____

POSITION: _____

CAMPUS/DEPARTMENT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

- 1. List the date of Level I Conference Meeting.**
- 2. State the Name of the Level I Hearing Officer.**
- 3. List the date of the Level I written response/decision letter.**
- 4. Explain specifically why you disagree or not satisfied with the outcome of the Level I Conference.**



Multiple horizontal lines for text entry.

5. Attach a copy of the original complaint and documented submitted in the Level I Complaint/Grievance.

6. Attach a copy of the Level I Response/Decision being appealed.

Signature: _____