

**CONROE INDEPENDENT SCHOOL DISTRICT
APPEAL NOTICE**

To appeal a Level One or Level Two decision, please fill out this form completely and submit it by hand delivery, fax to 936.709.9787, U.S. mail to Conroe ISD Legal Department, 3205 W. Davis, Conroe, TX 77304 or Email: complaints@conroeisd.net within the time established in the applicable Board Policy - DGBA(LOCAL) for employees; FNG(LOCAL) for parents/students; or GF(LOCAL) for citizens.

1. Name of person filing this Appeal _____

2. Complete Address, City, Zip _____

Telephone number _____

3. *If applicable:* Campus/Department _____ Position _____

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

Name _____

Address _____

Telephone number _____

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

Date of Level One conference? _____

Date you received your Level One response? _____

6. Please explain specifically how you disagree with the outcome at Level One and/or Level Two

7. Attach a copy of your original complaint and any documentation submitted at Level One and/or Level Two.

8. Attach a copy of the Level One and /or Level Two responses being appealed, if applicable.

FOR LEVEL TWO APPEALS ONLY:

9. To whom did you present your appeal at Level Two? _____

Date of Level Two Conference? _____

Date you received your Level Two response? _____

10. Do you want the Board to hear this appeal in open session? _____

If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

Signature of Complainant _____

Date of filing _____

Received by _____ Date Received _____