

JARRELL INDEPENDENT SCHOOL DISTRICT

LEVEL II_____ **or** **LEVEL III**_____ **(Check One)**

Check one:

_____ Parent/Student Complaint (FNG)

_____ Employee Grievance (DGBA)

_____ Public Complaint (GF)

Policies are available on line at www.jarrellisd.org

All Grievances must be filed at the Jarrell ISD Central Office

FOR OFFICE USE ONLY

Date received by district _____

Received by _____

Copies to _____

Conference to be held by _____

**NOTE: LEVEL ONE FORM
MUST BE COMPLETED
PLEASE PRINT**

1. Name _____

Home Address: _____

City, State, Zip Code: _____

Telephone Number: _____

2. Campus/Department _____

If employee, position held: _____

3. Describe your objection to the decision you are appealing. Be specific. Attach a copy of the appeals and responses at lower levels.

4. If you will be represented in your presentation, please identify that individual or organization.

Name _____

Address _____

Telephone _____

5. Signature: _____ Date _____