

**Mission Consolidated Independent School District**  
**Public Complaint Form**  
**Level Three**

Complete this form in accordance with District policy GF (LOCAL). Your complaint may be dismissed if it is submitted with incomplete information. Submit your Level Three complaint to the Superintendent.

1. Name \_\_\_\_\_
2. Address & Telephone Number \_\_\_\_\_
3. Identify the administrator who held the Level Two conference and provided the Level Two decision \_\_\_\_\_
4. Identify the date you received the Level Two decision \_\_\_\_\_
5. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

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6. Specifically state why you disagree with the part(s) of the Level Two decision that you identified in response to number 5 above.

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7. Attach the documents you relied upon at Level Two (if any) and explain how they support your position at response 5 and 6 above. Only those documents identified will be considered at Level Three.

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Signature

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Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

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