

Mission Consolidated Independent School District
Public Complaint Form
Level Two

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 Two complaint to the Superintendent.

1. Name _____
2. Address & Telephone Number _____
3. Identify the date you received the Level One decision _____
4. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the superintendent or his/her designee to review.

5. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 4 above.

6. Attach the documents you relied upon at Level One (if any) and explain how they support your position at response 4 and 5 above. (Only those documents identified with be considered at Level Two.

Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any.
