

Mission Consolidated Independent School District
Vendor/Contractor Complaint Form
Level Two

Complete this form in accordance with District policy CJ (LOCAL). Your complaint will 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 will be considered at Level Two.

Signature

Date Submitted

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