

McLean I.S.D.

RESPONSE TO LEVEL TWO APPEAL – STUDENT/PARENT COMPLAINT

_____ (Date)

_____ (Name)

_____ (Address)

Dear _____ :

Having considered the appeal you presented at Level Two on _____ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

I am unable to grant your appeal. I will uphold the decision made at Level One by _____ (name) and communicated to you in the Level One response.

I wish to grant your appeal and have instructed _____ (name) to find a resolution in keeping with the remedy you seek.

Although I am unable to fully grant your appeal, I have instructed _____ (name) to take the following actions as a partial remedy to your complaint:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in school board policy FNG (Local). The necessary forms are available at the superintendent's office during regular business hours.

Superintendent