

**La Joya Independent School District**  
**Office of Student Services**  
**Student, Parent or Guardian Complaint Form    Level Three**

This form must be filled out completely by a student, parent or guardian appealing a level two decision to the School Board in accordance with the District's policy FNG.

**Complainant:**

**Complaint Against:**

1. Name: \_\_\_\_\_ Name: \_\_\_\_\_

Student: \_\_\_\_\_

2. Who heard your Level One Complaint? \_\_\_\_\_

Date: \_\_\_\_\_

3. Who heard your Level Two Complaint? \_\_\_\_\_

Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

5. Attach copy of original complaint.

6. Attach copy of complaint decision being appealed:

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Print Name: \_\_\_\_\_