

COLDSRING-OAKHURST CISD

LEVEL II \_\_\_\_\_ or LEVEL III \_\_\_\_\_ (Check One)

Check one:  
 Parent/Student Complaint (FNG)  
 Employee Grievance (DGBA)  
 Public Complaint (GF)  
 Policies are available online at [www.cocisd.org](http://www.cocisd.org) .

FOR OFFICE USE ONLY  
 Date received by district \_\_\_\_\_  
 Received by \_\_\_\_\_  
 Copies to \_\_\_\_\_  
 \_\_\_\_\_  
 Conference to be held by \_\_\_\_\_

**NOTE: LEVEL ONE FORM  
MUST BE COMPLETED  
PLEASE PRINT**

1. Name \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_
  
2. Campus/Department \_\_\_\_\_  
 If employee, position held: \_\_\_\_\_
  
3. Describe your objection to the decision you are appealing. Be specific. Attach a copy of the appeals and responses at lower levels.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. If you will be represented in your presentation, please identify that individual or organization.  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_
  
5. Signature: \_\_\_\_\_ Date \_\_\_\_\_