



Family Concern Form – Level Two (Deputy Superintendent)

This form must be filled out completely by a student or parent appealing a Level One decision to the Deputy Superintendent or designee.

1. Student's Name _____ Grade _____ Campus _____

2. Parent's Name _____ Daytime Phone _____

3. Date of Incident _____

4. Please write a brief description of the incident

5. Has this incident been reported to anyone else? _____

6. What remedy do you seek to this complaint?

7. Attach a copy of your original, Level One complaint.

8. Attach a copy of your Level One decision.

Student/Parent Signature

Date

Received By

Date

Please provide the student/parent a copy of this report at filing.