

LULING INDEPENDENT SCHOOL DISTRICT

**LEVEL II** \_\_\_\_\_

Check one: <input type="checkbox"/> Parent/Student Complaint (FNG) <input type="checkbox"/> Employee Grievance (DGBA)  Policies are available on line at <a href="http://www.luling.txed.net">www.luling.txed.net</a>
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<b>FOR OFFICE USE ONLY</b> Date received by district _____ Received by _____ Copies to _____ _____ Conference to be held by _____
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**NOTE: LEVEL ONE FORM MUST BE COMPLETED**

**PLEASE PRINT**

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