

**Seguin Independent School District**  
**Public Complaint Form**  
**Level Two**

Complete this form in accordance with District policy GF (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Two complaint to the Superintendent.

1. Name\_\_\_\_\_
2. Address & Telephone Number\_\_\_\_\_
3. Identify the date you received the Level One decision\_\_\_\_\_
4. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the superintendent or his/her designee to review.

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5. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 4 above.

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6. Attach the documents you relied upon at Level One (if any) and explain how they support your position at response 4 and 5 above. Only those documents identified will be considered at Level Two.

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7. Identify the remedy you seek at Level Two. In other words, what do you want us to do in response to your complaint?

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Signature

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Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

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