



Grievance Appeal Form

Appeal Level: ☐ Level 2 ☐ Level 3 ☐ Level 4	Please Check One: ☐ Parent/Student Complaint (FNG) ☐ Employee Complaint (DGBA) ☐ Public Complaint (GF)
Policies are available online at Copperas Cove ISD Board Policy Manual	

For Office Use Only

Date Received by District: _____ Received by: _____

To appeal a decision received at a lower-level grievance, or the lack of a timely response after filing a lower-level complaint, please complete this form in its entirety and submit it by hand delivery, electronic communication, or U.S. mail to the Superintendent or designee within the timeline established in **FNG/GF/DGBA (LOCAL)**. Appeals will be heard in accordance with **FNG/GF/DGBA (LEGAL)** and **(LOCAL)** or any exceptions outlined therein.

(FNG/GF) Student, Parent/Guardian, or Community Member Information

Name: _____
Address: (City, State, Zip Code) _____
Phone Number: _____
Email Address: _____

(DGBA) Employee Information

Employee's Name: _____
Address: (City, State, Zip Code) _____
Phone Number: _____
Campus/Department: _____
Assignment: _____
Email Address: _____
Immediate Supervisor: _____



If you will be represented in presenting your complaint, please identify the person representing you. If the person representing you will participate by telephone conference call, please check the box below.

Name of Representative: _____

Organization: _____

Street Address: _____

City, State and Zip Code: _____

Phone: _____

Email Address: _____

☐ Representation will be by telephone conference call.

To whom did you present your complaint at the previous level hearing?

Date of Conference: _____

Date you received a response to your complaint: _____

Please explain your specific objection(s) to the decision you are appealing. Attach a copy of your original complaint and any documentation submitted at lower levels as well as a copy of the response(s) at lower levels being appealed, if applicable.

Any remedies requested at a lower level may not be amended at this level. Also, additional documentation may not be provided at this level.

**** If more space is needed, please use another sheet of paper. ****

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408 S. Main St. Copperas Cove, TX 76522. Phone (254) 547-1227. Fax (254) 547-1535. www.ccisd.com



Complainant's Signature: _____

Representative's Signature: _____

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.

Please note: A complaint form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refileing is within the designated time for filing a complaint.