

EXHIBIT B

LITTLE ELM INDEPENDENT SCHOOL DISTRICT
NONEMPLOYEE COMPLAINT FORM LEVEL 2

This form must be filled out completely by a nonemployee appealing a Level 1 decision and submitted to the Superintendent or designee in accordance with FNG(LEGAL) and FNG (LOCAL) or any exceptions outlined therein.

Name: _____

Student Name: _____ Campus: _____
If applicable

To whom did you last present your complaint?

Date of conference: _____

If you will be represented in pursuing your complaint, please identify the individual or organization representing you:

Name: _____

Address: _____

Telephone: _____

Attach a copy of the original complaint and, if applicable, a copy of the Level 1 decision being appealed.

Signature: _____ Date Submitted: _____