

EXHIBIT C

LITTLE ELM INDEPENDENT SCHOOL DISTRICT  
NONEMPLOYEE COMPLAINT FORM LEVEL 3

This form must be filled out completely by a nonemployee appealing a Level 2 decision and submitted to the Board 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 and Level 2 decisions being appealed.

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_