

# DEFIANCE CITY SCHOOLS

## Administrative Appeal

Your concern should first be discussed with the originating staff member. If no resolution is found at the first level, please complete this appeal form, making sure to include all pertinent facts, and submit to the appropriate administrator. If you need assistance in determining the correct administrator for level 2, please call 782-0070. You will receive a written response from the administrator within five (5) working days. Our entire appeal process is as follows:

1st level	Staff member (verbal)	4th level	Superintendent
2nd level	Administrator (appeal form)	5th level	Board of Education
3rd level	Assistant Superintendent		

Please note, failure to follow the above outline of the district's appeal process could cause your appeal unnecessary delays.

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To: \_\_\_\_\_ Building/Dept.: \_\_\_\_\_  
Administrator's Name

Date incident occurred: \_\_\_\_\_

Name of staff member you discussed your concern with? \_\_\_\_\_

Date you discussed your concern? \_\_\_\_\_

Did you talk with the staff member in person or by telephone? Circle one.

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Please state your reason(s) for this appeal. (Use additional paper as needed)

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What remedy do you propose in regard to this appeal? \_\_\_\_\_

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Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Date appeal received by administrator: \_\_\_\_\_

