

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 to the Superintendent		

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

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.

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

What remedy do you propose in regard to this appeal? _____

Signature: _____ Address: _____

Date: _____ Phone: _____

Date appeal received by administrator: _____

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Administrator's Response

Defiance City Schools administrative response: (To be done within five (5) working days from date of filing)

Signature:

Title:

Date:

Acknowledgment of response: _____
Signature of parent/guardian date

I accept the resolution as presented: yes no circle one and initial

I wish to appeal to the next level: yes no circle one and initial