

## RESPONSE TO LEVEL ONE COMPLAINT

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Complainant's name)

\_\_\_\_\_  
(Address)

Dear \_\_\_\_\_:

Having considered the complaint we discussed in our Level One conference on \_\_\_\_\_(date), I have decided on the following response:

*(Note: When preparing this letter, include only one of the following sentences.)*

For the following reasons, I am unable to provide the remedy you seek:

I will take the following actions to grant the remedy you seek for your complaint:

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

\_\_\_\_\_  
(Signature of supervisor, principal, or other appropriate administrator)

***Complainant, please note:***

***To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA (LOCAL). The necessary forms are available at the central office during regular business hours and on the district website.***