RESPONSE TO LEVEL TWO APPEAL

(Date)	_	
(Complainant's name)	_	
(Address)	_	
Dear	_:	
Having considered the complaint value decided on the following re	we discussed in our Level Two conference onesponse:	_(date),
(Note: When preparing th	his letter, include only one of the following sentences.)	
	I will uphold the decision made at Level One by communicated to you in the Level One response.	
I wish to grant your appeal and ha resolution in keeping with the rem	ave instructed (name) to find a nedy you seek.	
	the full grant your appeal, I have instructed to take the following actions as a partial remedy to your	
Superintendent (or designee) Complainant, please note:		
To appeal this response, you mus	st file a written notice of appeal with the appropriate its set in DGBA (LOCAL). The necessary forms are av	railable

