

PUBLIC COMPLAINTS

NOTICE OF APPEAL TO THE BOARD AT LEVEL TWO

This form must be filled out completely by a member of the public appealing a Level One decision to the Board, in accordance with the policy established by the Board or any exceptions outlined therein.

1. Name _____

1. Address _____

2. Home telephone _____

3. Date and time of Level One conference _____

4. If you will be represented in pursuing your complaint, please identify the person or organization representing you.

Name _____

____ Address _____

____ Telephone number _____

5. Attach a copy of your original Level One complaint.

6. Attach a copy of the Level One decision.

Signature of Complainant

Date Submitted