

PUBLIC COMPLAINTS

**NOTICE OF APPEAL TO DISTRICT COURT AT LEVEL THREE**

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

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Home telephone \_\_\_\_\_
4. Date and time of Level One conference \_\_\_\_\_
5. Date and time of Level Two Informal Hearing \_\_\_\_\_
6. Date and time of Level Three Informal Hearing \_\_\_\_\_
7. If you will be represented in pursuing your complaint, please identify the person or organization representing you.  
Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_
8. Attach a copy of your original Level One complaint.
9. Attach a copy of the Level One decision, the Level Two decision, and the Level Three decision.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date Submitted