STUDENT RIGHTS AND RESPONSIBILITIES
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

STUDENT/PARENT COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the appropriate administrator within the time established in FNG(LOCAL). All complaints will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name ____________________________________________

2. Address __________________________________________

   Telephone number (__) ______________________________

3. Campus __________________________________________

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

   Name ____________________________________________

   Address __________________________________________

   Telephone number (__) _____________________________

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

   __________________________________________________

   __________________________________________________

   __________________________________________________

6. What was the date of the decision or circumstances causing your complaint?

   __________________________________________________

7. Please explain how you have been harmed by this decision or circumstance.

   __________________________________________________

   __________________________________________________
8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

__________________________________________

__________________________________________

__________________________________________

With whom did you communicate? ____________________________

On what date? ____________________________

9. Please describe the outcome or remedy you seek for this complaint.

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Student or parent signature ____________________________

Signature of student's or parent's representative ____________________________

Date of filing ____________________________

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refilled with all the required information if the refiling is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.
LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name ____________________________________________

2. Address ___________________________________________

   ____________________________________________

   Telephone number (___) ____________________________

3. Campus __________________________________________

4. If you will be represented in voicing your appeal, please identify the person representing you.

   Name ____________________________________________

   Address ___________________________________________

   ____________________________________________

   Telephone number (___) ____________________________

5. To whom did you present your complaint at Level One? ________________________________

   Date of conference ________________________________

   Date you received a response to the Level One conference __________________________

6. Please explain specifically how you disagree with the outcome at Level One.

   ____________________________________________

   ____________________________________________

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

   Student or parent signature ________________________________

   Signature of the student's or parent's representative __________________________

   Date of filing _________________________________________
LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name ____________________________________________

2. Address ____________________________________________

   Telephone number (____) ________________________________

3. Campus ____________________________________________

4. If you will be represented in voicing your appeal, please identify the person representing you.

   Name ____________________________________________

   Address ____________________________________________

   Telephone number (____) ________________________________

5. To whom did you present your appeal at Level Two?

   Date of conference ________________________________

   Date you received a response to the Level Two conference ________________________________

6. Please explain specifically how you disagree with the outcome at Level Two.

   ____________________________________________

7. Do you want the Board to hear this appeal in open session? _______

   If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

8. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

9. Attach a copy of the Level Two response being appealed, if applicable.

   Student's or parent's signature ________________________________

   Signature of student’s or parent’s representative ________________________________

   Date of filing ________________________________

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