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**Note:** Informal resolution is encouraged but does not extend any deadlines in FNG (LOCAL), except by mutual written consent.

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STUDENT/PARENT COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, 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: \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Campus: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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

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

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8. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and whom you communicated with regarding your concerns.

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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: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date Received \_\_\_\_\_

*Complainant, please note:*

*A complaint form that is incomplete in any material way may be dismissed, but may be refiled 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

The student or parent may request, within ten (10) days after receipt of the response at Level One, a conference with the Superintendent or designee. The Superintendent or designee shall hold a conference with the student or parent within ten (10) business days after the appeal form is filed. The Superintendent or designee shall have ten (10) business days following the conference to provide a written response.

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, electronic communication, 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: \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Campus: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

5. Who held the Level One conference? \_\_\_\_\_

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 Level One 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: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of filing: \_\_\_\_\_

*Complainant, please note:*

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

*Please keep a copy of the completed form and any supporting documentation for your records.*

LEVEL THREE APPEAL NOTICE

This form must be submitted to the Superintendent within ten (10) business days after receipt of a response at Level Two. The Superintendent or designee shall inform the student or parent of the date, time, and place of Board meeting at which the complaint will be on the agenda for presentation to the Board.

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, electronic communication, 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: \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Campus: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

5. Who held the Level Two conference? \_\_\_\_\_

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?  Yes  No  
*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.*

STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG  
(EXHIBIT)

8. Attach a copy of your original Level One 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 or parent signature: \_\_\_\_\_

Signature of student's or parent's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

\_\_\_\_\_ Date

*Complainant, please note:*

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

*Please keep a copy of the completed form and any supporting documentation for your records.*