



Date Received

UNITED INDEPENDENT SCHOOL DISTRICT

Exhibit A STUDENT/PARENT COMPLAINT FORM

FNG (Local)

Level One Student/Parent Complaint Form

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the appropriate administrator within the time established in FNG (Local). A complaint filed via e-mail must be copied to the Director of Employee Relations. All complaints will be processed in accordance with FNG (Legal) and (Local).

Parent information (All information is required) PLEASE PRINT

<u>Name</u>		
<u>Address</u>	<u>City/State</u>	<u>E-mail</u>
<u>Phone</u>	<u>Campus/Department</u>	

If you will be represented, please identify the person representing you.

<input type="checkbox"/> Legal Counsel Representative	<u>Name/Organization</u>
<u>Address</u>	<u>City/State</u>
<u>Phone</u>	<u>E-mail</u>

1. Please describe the decision or circumstances causing your complaint (give specific details, continue on separate paper if necessary).

2. What was the date of the decision or circumstance causing your complaint?

3. Please explain in detail the following:
 - a. How you have been harmed by this decision or circumstance:

b. The District policy violated, misinterpreted, or misapplied:

4. What efforts have you made to resolve your complaint informally and the response to your efforts?

5. With whom did you communicate? _____

6. On what date? _____

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

8. If you are making complaints or charges against any specific individuals, please identify each of those individuals by name and title:

Complainant, please note:

A complaint form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records. Please be advised that the only remedies ruled upon shall be those listed in the Level One Complaint Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Student/Parent Signature

Print name

Date of Filing

Signature of student's or parents representative

Print name

Date

Superintendent's signature/Designee

Print name

Date Received



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UNITED INDEPENDENT SCHOOL DISTRICT

Exhibit B STUDENT/PARENT COMPLAINT FORM

FNG (LOCAL)

Level Two Notice of Appeal To Superintendent

This form must be filled out completely by the student/parent appealing a Level One decision to the Superintendent or designee in accordance with the District's policy FNG (Legal) & (Local). To appeal a Level One decision, please fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the Superintendent or designee within the time established in FNG (Local). Please be advised that the only remedies ruled upon shall be those listed in the Level One Complaint Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Parent information (All information is required) PLEASE PRINT

<u>Name</u>		
<u>Address</u>	<u>City/State</u>	<u>E-mail</u>
<u>Phone</u>	<u>Campus/Department</u>	

If you will be represented, please identify the person representing you.

<input type="checkbox"/> Legal Counsel Representative	<u>Name/Organization</u>
<u>Address</u>	<u>City/State</u>
<u>Phone</u>	<u>E-mail</u>

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

Date conference was held: _____

2. Date you received the written response to the Level One Conference: _____

3. Why do you disagree with the Level One response? Please explain in detail.

Complainant, please note:

A complaint form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records. Please be advised that the only remedies ruled upon shall be those listed in the Level One Complaint Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Student/Parent Signature

Print name

Date of Filing

Signature of Student or Parent representative

Print name

Date

Superintendent's signature/Designee

Print name

Date Received



Date Received

UNITED INDEPENDENT SCHOOL DISTRICT

Exhibit C STUDENT/PARENT COMPLAINT FORM

FNG (LOCAL)

Level Three Appeal Notice To Board of Trustees

To appeal a Level Two decision, please fill out this form completely and submit it by hand delivery, fax, e-mail 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). Please be advised that the only remedies ruled upon shall be those listed in the Level One Complaint Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the presiding officer of the Board, you shall be afforded a reasonable amount of time to present your grievance.

Parent information (All information is required) PLEASE PRINT

<u>Name</u>		
<u>Address</u>	<u>City/State</u>	<u>E-mail</u>
<u>Phone</u>	<u>Campus/Department</u>	

If you will be represented, please identify the person representing you.

<input type="checkbox"/> Legal Counsel Representative	<u>Name/Organization</u>
<u>Address</u>	<u>City/State</u>
<u>Phone</u>	<u>E-mail</u>

1. To whom did you present your complaint at Level Two?

Date conference was held: _____

2. Date you received the written response to the Level Two Conference: _____

3. Why do you disagree with the Level Two response? Please explain in detail.

c. Specifically list remedy or remedies requested, but not granted, at Level Two.

4. Do you want the Board to hear this appeal in open session? _____
Please be advised that the Texas Open Meetings Act may prevent the Board from granting a request for open session if the grievance involves a complaint against a District employee or involves student related information.

Complainant, please note:

A complaint form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records. Please be advised that the only remedies ruled upon shall be those listed in the Level One Complaint Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the presiding officer of the Board, you shall be afforded a reasonable amount of time to present your grievance.

Student/Parent Signature

Print name

Date of Filing

Signature of Student or Parents representative

Print name

Date

Superintendent's signature/Designee

Print name

Date Received