

STUDENT RIGHTS AND RESPONSIBILITIES
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG
(EXHIBIT)

The forms on the following pages are provided to assist the District in processing complaints from students and parents:

- Exhibit A: Student/Parent Complaint Form — Level One — 1 page
- Exhibit B: Level Two Appeal Notice — 1 page
- Exhibit C: Level Three Appeal Notice — 1 page

EXHIBIT A

KERENS INDEPENDENT SCHOOL DISTRICT
STUDENT/PARENT COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it to the building principal. All complaints will be heard and processed in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name (including student name) _____

2. Campus _____

3. Please state the date of the event or series of events causing your complaint:

4. Please state your complaint, including how you have been harmed by this event or series of events:

5. Please state specific facts of which you are aware to support your complaint (list in detail)

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

Student or parent signature _____

Date of filing _____

EXHIBIT B

KERENS INDEPENDENT SCHOOL DISTRICT

LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, please fill out this form completely and submit it 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 (including student name) _____

2. Campus _____

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

Date of conference _____

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

Name _____

Address _____

Telephone number (____) _____

Attach a copy of your original complaint and, if applicable, a copy of the Level One decision being appealed.

Student or parent signature _____

Date of filing _____

EXHIBIT C

KERENS INDEPENDENT SCHOOL DISTRICT

LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, please fill out this form completely and submit it 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 (including student name) _____

2. Campus _____

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

Date of conference _____

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

Name _____

Address _____

Telephone number (____) _____

Attach a copy of your original complaint and, if applicable, a copy of the Level One and Level Two responses being appealed.

Student's or parent's signature _____

Date of filing _____