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 — 2 pages
- **Exhibit B**: Response to Level One Complaint — 1 page
- **Exhibit C**: Level Two Appeal Notice — 1 page
- **Exhibit D**: Response to Level Two Appeal — 1 page
- **Exhibit E**: Level Three Appeal Notice — 1 page
- **Exhibit F**: Board’s Response to Level Three Appeal — 1 page
EXHIBIT A

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 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.
EXHIBIT B

RESPONSE TO LEVEL ONE COMPLAINT

_______________________________________
(date)

_______________________________________
(name of complainant)

_______________________________________
(address of complainant)

Dear _________________________:

Having considered the complaint we discussed in our Level One conference on ____________________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

For the following reasons, I am unable to provide the remedy you seek:

__________________________________________________________________________
__________________________________________________________________________

I will take the following actions to grant the remedy you seek for your complaint:

__________________________________________________________________________
__________________________________________________________________________

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

__________________________________________________________________________
__________________________________________________________________________

_______________________________________
(signature of principal or other appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in FNG(LOCAL). The necessary forms are available at __________________________________________ during regular business hours.
EXHIBIT C

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 ______________________________
RESPONSE TO LEVEL TWO APPEAL

______________________________ (date)

______________________________ (name of complainant)

______________________________ (address of complainant)

Dear ________________________:

Having considered the appeal you presented at Level Two on ________________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

I am unable to grant your appeal. I will uphold the decision made at Level One by ____________________ (name) and communicated to you in the Level One response.

I wish to grant your appeal and have instructed ____________________ (name) to find a resolution in keeping with the remedy you seek.

Although I am unable to fully grant your appeal, I have instructed ________________ (name) to take the following actions as a partial remedy to your complaint:

________________________________________________________________________

Superintendent (or designee)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in FNG(LOCAL). The necessary forms are available at ________________________________ during regular business hours.
EXHIBIT E

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 _____________________________

DATE ISSUED: 3/30/2006
EXHIBIT F

BOARD’S RESPONSE TO LEVEL THREE APPEAL

_______________________________________ (date)
_______________________________________ (name of complainant)
_______________________________________ (address of complainant)

Dear _________________________:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on ______________________ (date):

[Note: When preparing the letter or announcing the decision at the Board meeting, include only one of the following sentences.]

We have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two.

We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Sincerely,

_____________________________________
President of the Board of Trustees

_____________________________________ SD