

TISD 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).

(attached additional pages if necessary)

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.

(attached additional pages if necessary)

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

(attached additional pages if necessary)

With whom did you communicate? _____

On what date? _____

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

(attached additional pages if necessary)

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 refile 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 completed form and any supporting documentation for your records.

TISD STUDENT / PARENT COMPLAINT FORM – LEVEL TWO APPEAL NOTICE

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 complaint conference/correspondence _____

Date you received a response to the Level One complaint/conference _____

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

(attached additional pages if necessary)

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 _____

TISD STUDENT / PARENT COMPLAINT FORM

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 designees 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 parents signature _____

Signature of student's or parent's representative _____

Date of filing _____