

**ALTO INDEPENDENT SCHOOL DISTRICT  
LEVEL ONE (1) STUDENT/PARENT COMPLAINT  
(To Be Presented to Campus Administrator)**

Notice to complainant: This form is to be filled out completely and submitted by hand delivery, fax, or U.S. Mail to the appropriate campus administrator (principal) within the time established by FNG (LOCAL). All complaints will be heard in accordance with FNG (LEGAL) and FNG (LOCAL) or any exceptions outlined therein. Please note that 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. You may attach to this form any documents or evidence that you believe will support your 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.

COMPLAINANT(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

IF YOU WILL BE REPRESENTED IN VOICING YOUR COMPLAINT BY LEGAL COUNSEL, PLEASE IDENTIFY THE PERSON REPRESENTING YOU:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

PLEASE STATE THE DATE OF THE EVENT OR SERIES OF EVENTS CAUSING YOUR COMPLAINT (You may continue on back if needed).

\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE YOUR COMPLAINT (AND THE SITUATION OR CIRCUMSTANCES CAUSING YOUR COMPLAINT), GIVING SPECIFIC, FACTUAL DETAILS BELOW. (You may continue on back if needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE IN DETAIL WHAT POLICIES OR RULES YOU FEEL HAVE BEEN VIOLATED AND BY WHOM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE THE OUTCOME OR REMEDY YOU SEEK BY FILING THIS COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ALTO INDEPENDENT SCHOOL DISTRICT

**RESPONSE BY CAMPUS ADMINISTRATOR TO LEVEL ONE (1) COMPLAINT**  
**(To Be Completed By Campus Administrator)**

COMPLAINANT(S): \_\_\_\_\_

DATE OF COMPLAINT: \_\_\_\_\_

DEAR \_\_\_\_\_:

Having received and considered your complaint dated \_\_\_\_\_, I have investigated the matter, and, after discussing the matter with you, I have decided on the following response (Only One Is To Be Selected and Elaborated Upon):

\_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Signature of Campus Administrator

\_\_\_\_\_ Date of Response by Campus Administrator

Please understand that, if you are not satisfied with my decision and/or remedy you seek for your complaint, you have the right to proceed to a Level 2 complaint. This form may be obtained in the Superintendent's office, and is to be completed and forwarded to the Superintendent of Schools within the time limits set in FNG (LOCAL).

**ALTO INDEPENDENT SCHOOL DISTRICT**

**LEVEL TWO (2) STUDENT/PARENT APPEAL NOTICE**  
**(To Be Presented to School Superintendent)**

**Notice to appealant:** In order to appeal a Level One Complaint decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit by hand delivery, fax, or U.S. Mail to the Superintendent of Schools within the time established by FNG (LOCAL). Appeals will be heard in accordance with FNG (LEGAL) and FNG (LOCAL) or any exceptions outlined therein. Please keep a copy of the completed form and any supporting documentation for your records.

**APPEALANT(S):** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**A.I.S.D. CAMPUS:** \_\_\_\_\_

**IF YOU WILL BE REPRESENTED IN VOICING YOUR APPEAL BY LEGAL COUNSEL, PLEASE IDENTIFY THE PERSON REPRESENTING YOU:**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**PLEASE EXPLAIN SPECIFICALLY HOW YOU DISAGREE WITH THE OUTCOME AT LEVEL ONE (Please attach a copy of the Campus Principal's response):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPEALANT:**

\_\_\_\_\_

**DATE OF FILING OF APPEAL:**

\_\_\_\_\_

**ALTO INDEPENDENT SCHOOL DISTRICT**

**RESPONSE BY SUPERINTENDENT TO LEVEL TWO (2) APPEAL**  
**(To Be Completed By Superintendent)**

**APPEALANT(S):** \_\_\_\_\_

**DATE OF APPEAL:** \_\_\_\_\_

**DEAR \_\_\_\_\_:**

Having received and considered your appeal dated \_\_\_\_\_, I have investigated the matter, and, after discussing the matter with you, I have decided on the following response (Only One Is To Be Selected and Elaborated Upon):

\_\_\_\_\_ I am unable to grant the appeal you seek and will uphold the decision made at Level One by the Campus Administrator and communicated to you in the Level One response.

\_\_\_\_\_ I wish to grant your appeal and will take the following actions to grant the remedy you seek:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Signature of Superintendent**

\_\_\_\_\_ **Date of Response by Superintendent**

Please understand that, if you are not satisfied with my decision and/or the remedy you seek in your appeal, you have the right to proceed to a Level 3 appeal. This form may be obtained in the Superintendent's office, and is to be completed and forwarded to the President of the Alto I.S.D. Board of Trustees within the time limits set in FNG (LOCAL).

**ALTO INDEPENDENT SCHOOL DISTRICT**

**LEVEL THREE (3) STUDENT/PARENT APPEAL NOTICE**  
**(To Be Presented to the President of the Board of Trustees)**

**Notice to appellant:** In order to appeal a Level Two Appeal decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit by hand delivery, fax, or U.S. Mail to the President of the Board of Trustees within the time established by FNG (LOCAL). Appeals will be heard in accordance with FNG (LEGAL) and FNG (LOCAL) or any exceptions outlined therein at the regularly scheduled monthly meeting of the Board of Trustees. Please keep a copy of the completed form and any supporting documentation for your records.

**APPEALANT(S):** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_  
**A.I.S.D. CAMPUS:** \_\_\_\_\_

**IF YOU WILL BE REPRESENTED IN VOICING YOUR APPEAL BY LEGAL COUNSEL, PLEASE IDENTIFY THE PERSON REPRESENTING YOU:**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**PLEASE EXPLAIN HOW YOU DISAGREE WITH THE OUTCOME AT LEVEL TWO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPEALANT:**

\_\_\_\_\_

**DATE OF FILING OF APPEAL:**

\_\_\_\_\_

ALTO INDEPENDENT SCHOOL DISTRICT

**BOARD OF TRUSTEES RESPONSE TO LEVEL 3 APPEAL**  
**(To Be Completed By Board President)**

APPEALANT(S): \_\_\_\_\_

DATE OF APPEAL: \_\_\_\_\_

DEAR \_\_\_\_\_:

Having received and considered your Level 3 Appeal dated \_\_\_\_\_, the Board of Trustees of the Alto Independent School District has decided on the following response and has taken the following action at its meeting on \_\_\_\_\_:

\_\_\_\_\_ We have denied the appeal and have upheld the decision made by the Superintendent of Schools at Level Two.

\_\_\_\_\_ We wish to grant your appeal and have instructed the Superintendent of Schools to find a resolution in keeping with the remedy you seek to wit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_ President, Alto I.S.D. Board of Trustees

\_\_\_\_\_ Date of Response by Board President