

# KAUFMAN INDEPENDENT SCHOOL DISTRICT

## 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 (\_\_\_\_) \_\_\_\_\_

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.

---

---

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

---

---

Student or parent signature \_\_\_\_\_

Date of filing \_\_\_\_\_

**Complainant, please note:**

**A complaint form that is incomplete in any material way may be dismissed, but may be refilled with all the required information if the refilling is within the designated time for filing a complaint.**

**Attached 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.**

## 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 \_\_\_\_\_, 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 fully 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 the school administration office during regular business hours.**

**KAUFMAN INDEPENDENT SCHOOL DISTRICT  
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 (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_  
(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 \_\_\_\_\_ to take the following actions as a partial remedy to your complaint:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Superintendent

**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 in the administration office during regular business hours.**

**KAUFMAN INDEPENDENT SCHOOL DISTRICT  
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 outlines 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 (\_\_\_\_) \_\_\_\_\_

5. To whom did you present your complaint 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 or parent signature \_\_\_\_\_

Signature of the student's or parent's representative \_\_\_\_\_

\_\_\_\_\_  
Date of Filing \_\_\_\_\_



## BOARD'S RESPONSE TO LEVEL THREE APPEAL

Date \_\_\_\_\_

Name of complainant \_\_\_\_\_

Address of complainant \_\_\_\_\_

Dear:

Having considered the appeal you presented at Level Three, the Board took the following action 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.
- \* I 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:

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

\_\_\_\_\_  
President of the Board of Trustees