

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
PARENT GRIEVANCE FORM – LEVEL III**

Any parent filing a grievance must fill out this form completely and submit it to the Board of Directors. All complaints will be processed in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein.

Parent Name (*please print*)

E-Mail Address

Mailing Address (*please print*)

Phone(s)

To whom did you last present your grievance? _____

Date of conference: _____

If you will be represented in pursuing your grievance, please identify the individual or organization representing you:

Name: _____

Address: _____

Telephone: _____

Attach a copy of the original grievance and a copy of the Level II decision being appealed.

Parent Signature

Date Submitted

Please e-mail this form to sonia.rodriguez@stisd.net or fax it to (956) 565-9129. You may also drop it off or mail it to:

STISD Board of Directors
c/o Sonia Rodriguez, Board Secretary
STISD
100 Med High Dr.
Mercedes, TX 78570