

**San Angelo Independent School District  
Parent/Student Complaint Form  
Level One**

Complete this form in accordance with District policy FNG (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level One complaint to the SAISD Human Resources Department, 1621 University Avenue, San Angelo, TX 76904.

1. Student's Name \_\_\_\_\_
2. Parent's Name \_\_\_\_\_
3. Address \_\_\_\_\_
4. Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_
5. Campus \_\_\_\_\_
6. Date of event or action that gave rise to this complaint \_\_\_\_\_
7. A detailed, factual description of all circumstances that gave rise to this complaint. Use additional pages if necessary.

8. Explain specifically how the student was harmed or injured by the facts you provided in #7.

9. Identify and attach any documents upon which you will rely during the complaint process and explain what those documents will prove. If you do not have these documents at the time you file your complaint, you may provide copies at the Level One conference. However, please identify, to the best of your knowledge, what the documents are and what you believe they prove.

10. The district strives to resolve all complaints informally or at the lowest possible level. Explain your efforts to informally resolve your complaint including with whom you spoke, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation of why you did not.

11. Identify the remedy you seek for this complaint. What do you want done in response to your complaint?

If you have a representative, provide the following information.

Representative Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Parent's Signature