



PARENT/STUDENT COMPLAINT FORM- LEVEL II

Complete this form in accordance with District policy FNG (LOCAL).

On the date listed below, a complaint was presented. Complaints shall be presented at the appropriate level with intent that, whenever feasible, the complaint be resolved at the lowest possible administrative level.

Student's Name: _____

Parent's Name: _____

Address: _____

Telephone Number: _____ **Department/campus:** _____

The date of the event or action that gave rise to this complaint: _____

Complaint Explanation: (Please be as specific as possible with facts that support the complaint, attach Level I documentation):

Person(s) Against Whom Complaint Is Filed: _____

Brief Explanation of the outcome of Level I conference (include date/time of Level I conference):

Relief Being Requested from Level II Conference:

Signature of Person Presenting Complaint

Date Submitted

Name, address, telephone and fax number of representative if any:

Representative Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

I have read the above information: _____

Administrator's Signature

Date

