

Elgin Independent School District

PARENT/STUDENT COMPLAINT FORM – LEVEL I

Complete this form in accordance with District policy FNG (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. 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.)

Person(s) Against Whom Complaint Is Filed: _____

Relief being requested: (Use additional pages if necessary)

Signature of Person Presenting Complaint

Date Submitted

Name, address, and 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