



MANOR INDEPENDENT SCHOOL DISTRICT STUDENT/PARENT GRIEVANCE FORM

Level Three

To file a formal complaint, please fill out this form completely and submit it by hand delivery or by electronic communication, to **Human Resources**, by email: records@manorisd.net within the time established in FNG (LOCAL). All complaints will be processed and heard in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein. Please note, one form must be completed per student.

Parent/Student General Information

Student's First Name	
Student's Last Name	
Campus/School Name	
Student's Home Address Full Address, State, Zip	
Parent/ Guardian's First and Last Name	
Campus	
To whom did you present your complaint at Level Two? (Share Full Name, Title and Department)	
Date of Level Two Conference?	
Date you received a response to the Level Two Complaint/Grievance?	

- Attach a copy of your original complaint and any documentation submitted at Level Two
 - Attach a copy of the Level Two response being appealed, if applicable
 - Would you like the Board of Trustees to hear this appeal in open session? **YES** ☐ **NO** ☐
- Please note, 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.*

If you will be represented by another party in pursuing your complaint, please identify the person

Representative - First and Last Name of	
Representative - Affiliated Organization or Firm	
Representative - Address of Affiliated Organization or Firm	
Email Address - Representative	
Representative - Phone Number	

A grievance form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint. Attach to this form any documents you believe will support the complaint. Please keep a copy of the completed form and any supporting documentation for your records.

Parent/Guardian Signature:

Date:

FOR MANOR ISD OFFICE USE ONLY

Received By: _____

Date Received: _____

Position/Title: _____

Initials: _____