

HOUSTON INDEPENDENT SCHOOL DISTRICT
DISPUTE RESOLUTION FORM

[Refer to Board Policy FNG(LOCAL) for procedures and requirements]

LEVEL:

1. Principal or designee
2. Next Vertical Line Supervisor or Designee
3. Board of Education

STUDENT'S/PARENT'S NAME: _____

Home Phone: _____

STUDENT'S/PARENT'S ADDRESS: _____
Street City State Zip

Email Address: _____

School: _____

Name, address, telephone and email address of representative, if any: _____

Date Concern/Dispute Occurred: _____ Date Filed: _____

Statement of Concern/Dispute:

(Include citation of statute, Board policy or District practice allegedly violated.)

(Return original form to student/parent. Retain a copy for your file. Submit a copy to the Employee Relations Department.)

I do not accept the above decision and am referring it to the next level.
(Submit a copy to Board Services.)

Signature of Student/Parent

Date

LEVEL III:

Date received by Board Services: _____