LEVEL ONE GRIEVANCE
FNG: PARENT/STUDENT GRIEVANCE

To file a formal grievance, please complete these forms and submit by hand delivery, fax, email, or U.S. Mail to the campus principal's office, within 60 days of the date the grievant first knew or had reason to know of the facts giving rise to the grievance, or the later of (i) 90 days after the grievant first knew or had reason to know of the facts giving rise to the grievance if the grievant engaged in informal attempts to resolve the grievance, or (ii) 30 days after the District provided information to the grievant regarding how to file the grievance. The District promotes informal resolution of grievances and encourages students and parents to discuss their concerns with the appropriate teacher, principal, or other campus administrator who has the authority to address the concerns.

Grievant's Name: _____ Student's Name: _____

Email Address: _____ Telephone: _____

Mailing Address: _____

Date of Incident: _____ Date Grievance Submitted: _____

Grade Level: _____ School/Campus: _____

If you will be represented in presenting your grievance, please identify your representative. The identified representative will be contacted for the hearing by the District.

Representative's Name: _____ Telephone: _____

Address: _____

Email address: _____

Please attach to this form all documents you believe support your grievance. Grievance forms that are incomplete in any material way may be dismissed but may be re-filed with the required information if the grievance form is filed within the designated timelines set forth in Board Policy FNG.

Grievant's Signature: _____

Date: _____

FOR DISTRICT USE ONLY:

Received By: _____

Date: _____

(*if applicable*) Form was forwarded to campus principal's office (check one): Yes: ☐ No: ☐

(*if applicable*) Form was forwarded to central administration office (check one): Yes: ☐ No: ☐

Please state the facts giving rise to your grievance, including the date of occurrence. If possible, include a citation to the statute, policy, or District practice allegedly violated. Please attach all supporting documentation.

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Please state any informal attempts to resolve the grievance, if applicable. Include the date(s) the informal resolution attempt was undertaken.

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Please state your requested remedy.

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FOR DISTRICT USE ONLY:

Assigned Administrator: _____ Schedule Hearing Before: _____

Disposition: _____

_____

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Administrator's Signature: _____ Date: _____