



Parent/ Student Complaint Form: Level One

This form is to be completed and returned to the campus principal or Executive Director of Student Services.
All complaints will be processed in accordance with the district policies FNG (LEGAL) and FNG (LOCAL).
Attach additional pages if necessary.

Your name (first/last): _____ Student ID: _____

Your student's name (first/last): _____

Mailing address: _____

Phone number: _____ Email address: _____

Campus: _____

If you will be represented in voicing your appeal, please identify the person representing you.

Name: _____ Email address: _____

Address: _____ Telephone number: _____

Does the representing party/organization have permission to access records for this appeal? _____

Please provide a detailed description of the individual, decision, or circumstances that are the basis of your complaint. Include specific factual details. If additional space is needed, you may attach a separate page.

List the date(s) of the decision or circumstances causing your complaint.

Please explain how you have been harmed by the decision or circumstances.

Please describe any efforts you have made to resolve your complaint informally and the response to your efforts.

With whom did you communicate? _____

On what date(s)? _____

Please describe the outcome or remedy you seek for this complaint.

Student or parent/guardian signature: _____

Signature of the student's or parent's/guardian's representative: _____

Date of filing: _____

FOR DISTRICT USE ONLY:

Assigned Administrator: _____ Schedule Hearing Before: _____

Disposition: _____

Administrator's Signature: _____ Date: _____