

STUDENT/PARENT/GENERAL PUBLIC COMPLAINT FORM- LEVEL TWO

UNION GROVE INDEPENDENT SCHOOL DISTRICT

11220 Union Grove Rd

Gladewater, TX 75647

903.845.5500 - Administration Office

903.845.6178 -Fax

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. Mail to the appropriate administrator within the time established in FNG (LOCAL) and GF (LOCAL). All complaints will be heard in accordance with FNG (LEGAL) and (LOCAL) and GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____
2. Address: _____
3. Email Address: _____
4. Telephone number: _____
5. Campus: _____

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

Name: _____

Address: _____

Telephone number () _____

6. Please describe the decision or circumstances causing your complaint (give specific factual details).

7. What was the date of the decision or circumstances causing your complaint?

8. Please explain how you have been harmed by this decision or circumstance.

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

With whom did you communicate? _____

On what date? _____

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

Student's or parent's or individual's signature: _____

Signature of student's or parent's or individual's representative: _____

Date of filing _____

Complainant, please note:

*A complaint 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; **if** unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.*

STUDENT/PARENT/GENERAL PUBLIC COMPLAINT FORM - LEVEL TWO APPEAL NOTICE

KILGORE INDEPENDENT SCHOOL DISTRICT
301 N. Kilgore St.
Kilgore, TX 75117
903.988.3900 - Central Administration Office
903.983.3212 -Fax

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG (LOCAL) or GF (LOCAL). Appeals will be heard in accordance with FNG (LEGAL) and (LOCAL) and GF (LEGAL) or (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number () _____

3. Campus _____

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

Name _____

Address _____

Telephone number () _____

5. To whom did you present your complaint at Level One? _____

Date of conference _____

Date you received a response to the Level One conference _____

6. Please explain specifically how you disagree with the outcome at Level One (Attach additional pages as needed)

7. Attach a copy of your original complaint and any documentation submitted at Level One. (In accordance with policy - no other documentation from you is permitted at Level II.)

8. Attach a copy of the Level One response being appealed, if applicable.

Student's or parent's signature: _____

Signature of the student's or parent's or individual's representative: _____

Date of filing _____

STUDENT/PARENT/GENERAL PUBLIC COMPLAINT FORM - LEVEL TWO APPEAL NOTICE

KILGORE INDEPENDENT
SCHOOL DISTRICT
301 N. Kilgore St.
Kilgore, TX 75117
903.988.3900 - Central
Administration Office 903.983.3212 -
Fax

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG (LOCAL) and GF (LOCAL).. Appeals will be heard in accordance with FNG (LEGAL) and (LOCAL) or GF (LEGAL) or GF (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number () _____

3. Campus _____

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

Address _____ Telephone
number () _____

5. To whom did you present your appeal at Level Two? _____ Date of
conference _____

Date you received a response to the Level Two conference _____

6. Please explain specifically how you disagree with the outcome at Level Two. (Attach additional pages as needed)

7. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice. (In accordance with policy - no other documentation from you is permitted at Level III.)

8. Attach a copy of the Level Two response being appealed, if applicable.

Student's or parent's or individual's signature:

Signature of student's or parent's or individual's representative:

Date of filing _____