Marlin ISD Parent Complaint Form - Level 1

Complete this form in accordance with District policy FNG (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. On the date listed below, a complaint was presented. Complaints shall be presented at the appropriate level with intent that, whenever feasible, the complaint be resolved at the lowest possible administrative level.

Student's Name_____

Parent's Name_____

Address_____

Telephone Number_____ **Department/campus**_____

The date of the event or action that gave rise to this complaint:_____

Complaint Explanation: (Please be as specific as possible with facts that support the complaint.)

Person(s) Against Whom Complaint Is Filed: _____

Relief being requested: (Use additional pages if necessary)

_____ _____

Signature of Person Presenting Complaint Date Submitted

Name, address, and telephone and fax number of representative, if any.

Representative Name_____

Address_____

Telephone Number_____ **Fax Number**_____

I have read the above information: _____ _____

Administrator's Signature Date