

Plano ISD  
043910  
STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES  
FNG(EXHIBIT)

The forms on the following pages are provided to assist the District in processing grievance from students and parents:

[Exhibit A](#): Student/Parent Grievance Form — Level One — 2 pages

[Exhibit B](#): Level Two Appeal Notice — 2 pages

[Exhibit C](#): Student/Parent Informal Mediation Form – Level Two – 2 pages

[Exhibit D](#): Level Three Appeal Notice — 2 pages

[Exhibit E](#): Student/Parent Informal Mediation Form – Level Three – 2 pages

[Exhibit F](#): Level Four Appeal Notice — 2 pages

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DATE ISSUED: 3/26/2026  
FNG(EXHIBIT)

**EXHIBIT A**

STUDENT/PARENT GRIEVANCE FORM — LEVEL ONE

To file a formal grievance, please fill out this form completely and submit it by hand delivery, by U.S. mail or by electronic communication to the campus principal or appropriate administrator within the time established in FNG(LOCAL). All grievance s will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

3. Campus: \_\_\_\_\_

4. If you will be represented in voicing your grievance, please identify the person representing you (ex: an attorney).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

5. Please describe the decision or circumstances causing your grievance (give specific factual details).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What was the date of the decision or circumstances causing your grievance?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

8. Please describe any efforts you have made to resolve your grievance informally and the responses to your efforts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With whom did you communicate? \_\_\_\_\_

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On what date? \_\_\_\_\_

9. Please describe the outcome or remedy you seek for this grievance.

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10. Has the date for filing your grievance been extended by mutual consent?

\_\_\_\_\_

If so, who granted the extension? \_\_\_\_\_

On what date? \_\_\_\_\_

Student or parent signature: \_\_\_\_\_

Signature of student's or parent's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing \_\_\_\_\_

Name of person receiving filing \_\_\_\_\_

*Grievant, please note:*

*A grievance 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 grievance.*

*If a student or parent has engaged in the informal process in an attempt to resolve the grievance with the District and has not reached a resolution during the process, the student or parent shall have the later of: 90 days of the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the grievance; or 30 business days to file a grievance from the date on which the District provided information to the student or parent regarding how to file a grievance.*

*If claiming informal process was not successful, the information resolution form (Exhibit A), must be included with the Level One grievance documents.*

*If the student or parent has not engaged in the informal process, the student or parent shall have no more than 60 business days from the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the grievance to file a grievance using the appropriate forms.*

*Attach to this form any documents you believe will support the grievance; 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.*

**EXHIBIT B**

LEVEL TWO APPEAL NOTICE

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, by U.S. mail or by electronic communication to the executive director for school leadership and innovation within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (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 (ex: an attorney).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

5. To whom did you present your grievance 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 or whether the time for a response to your Level One grievance has expired.

\_\_\_\_\_

\_\_\_\_\_

7. Attach a copy of your original grievance and any documentation submitted at Level One.

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

Student or parent signature: \_\_\_\_\_

Signature of the student's or parent's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

Name of person receiving filing: \_\_\_\_\_

*Grievant, please note:*

DATE ISSUED: 3/26/2026

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*This appeal notice must be filed within twenty business days of the date of the written Level One response or, if no response was received, within twenty business days of the Level One response deadline.*

DATE ISSUED: 3/26/2026  
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**EXHIBIT C**

STUDENT/PARENT INFORMAL MEDIATION – LEVEL TWO

Please fill out this form completely and submit it by hand delivery, by U.S. mail or by electronic communication to the campus principal or appropriate administrator within the time established in FNG(LOCAL). All grievances will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

3. Campus: \_\_\_\_\_

4. Please describe the decision or circumstances causing your grievance (give specific factual details).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe any efforts you have made to resolve your grievance informally and the responses to your efforts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With whom did you communicate?

\_\_\_\_\_

On what date? \_\_\_\_\_

6. Did the informal process lead to a satisfactory resolution?

\_\_ YES; if so, date: \_\_\_\_\_

\_\_ NO

Student or parent signature: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

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Name of person receiving filing: \_\_\_\_\_

*Grievant, please note:*

*If a student or parent has engaged in the informal process in an attempt to resolve the grievance with the District and has not reached a resolution during the process, the student or parent shall have the later of: 90 days of the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the grievance or grievance; or 30 business days to file a grievance from the date on which the District provided information to the student or parent regarding how to file a grievance.*

*If the student or parent has not engaged in the informal process, the student or parent shall have no more than 60 business days from the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the grievance to file a grievance using the appropriate forms.*

*Attach to this form any documents you believe will support the grievance. Please keep a copy of the completed form and any supporting documentation for your records.*

**EXHIBIT D**

LEVEL THREE APPEAL NOTICE

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, by U.S. mail or by electronic communication to the Superintendent or designee within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (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 (ex: an attorney).

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 or whether the time for a response to your Level Two grievance has expired.

\_\_\_\_\_  
\_\_\_\_\_

7. Attach a copy of your original grievance, any documentation submitted at Level One, a copy of your Level Two appeal notice, and a copy of any documentation submitted at Level Two.

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

Student or parent signature: \_\_\_\_\_

Signature of the student's or parent's representative: \_\_\_\_\_

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Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

Name of person receiving filing: \_\_\_\_\_

*Grievant, please note:*

*This appeal notice must be filed within twenty business days of the date of the written Level Two response or, if no response was received, within twenty business days of the Level Two response deadline.*

**EXHIBIT E**

STUDENT/PARENT INFORMAL MEDIATION – LEVEL THREE

Please fill out this form completely and submit it by hand delivery, by U.S. mail or by electronic communication to the campus principal or appropriate administrator within the time established in FNG(LOCAL). All grievances will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

3. Campus: \_\_\_\_\_

4. Please describe the decision or circumstances causing your grievance (give specific factual details).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe any efforts you have made to resolve your grievance informally and the responses to your efforts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With whom did you communicate?

\_\_\_\_\_

On what date? \_\_\_\_\_

6. Did the informal process lead to a satisfactory resolution?

\_\_ YES; if so, date: \_\_\_\_\_

\_\_ NO

Student or parent signature: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

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Name of person receiving filing: \_\_\_\_\_

*Grievant, please note:*

*If a student or parent has engaged in the informal process in an attempt to resolve the grievance with the District and has not reached a resolution during the process, the student or parent shall have the later of: 90 days of the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the grievance; or 30 business days to file a grievance from the date on which the District provided information to the student or parent regarding how to file a grievance.*

*If the student or parent has not engaged in the informal process, the student or parent shall have no more than 60 business days from the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the grievance to file a grievance using the appropriate forms.*

*Attach to this form any documents you believe will support the grievance. Please keep a copy of the completed form and any supporting documentation for your records.*

**EXHIBIT F**

LEVEL FOUR APPEAL NOTICE

To appeal a Level Three decision, or the lack of a timely response after a Level Three conference, please fill out this form completely and submit it by hand delivery, by U.S. mail or by electronic communication to the Superintendent or designee within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (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 (ex: an attorney).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

5. To whom did you present your appeal at Level Three? \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level Three conference: \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level Three or whether the time for a response to your Level Three grievance has expired.

\_\_\_\_\_  
\_\_\_\_\_

7. Do you want the Board to hear this appeal in open session? \_\_\_\_\_

*The Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.*

8. Attach a copy of your original grievance, any documentation submitted at Level One, a copy of your Level Two appeal notice, any documentation submitted at Level Two, a copy of your Level Three appeal notice, and any documentation submitted at Level Three.

9. Attach a copy of the Level Three response being appealed, if applicable.

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Student's or parent's signature: \_\_\_\_\_

Signature of student's or parent's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

Name of person receiving filing: \_\_\_\_\_

*Grievant, please note:*

*This appeal notice must be filed within twenty business days of the date of the written Level Three response or, if no response was received, within twenty business days of the Level Three response deadline.*