



Mount Calm Independent School District

"Home of the Panthers"

P.O. Box 105 • 200 N. Coates E. • Mount Calm, Texas 76673

HS Phone (254) 993-3000

HS Fax (254) 993-3001

www.mcisd1.org

LEVEL ONE STUDENT/PARENT FORM

To file a complaint or grievance, please fill out this form completely and attach any supporting documentation in accordance with FNG(LOCAL). Once completed, please provide a copy by hand delivery, fax, or U.S. Mail to your campus principal within 15 days from the date you first knew, or with reasonable diligence should have known, of the decision or action giving rise to the complaint or grievance. For detailed information about the grievance process, please refer to FNG(LOCAL).

1. Student _____

2. Parent(s) _____

3. Grade/Campus _____

4. The date of the decision or action giving rise to this complaint: _____

5. Please describe the decision or action giving rise to your complaint. Use additional pages if necessary.

6. Explain specifically how you or your child was harmed or injured by the facts that you provided in response to question 4 above.

7. Explain your efforts to informally resolve your complaint including with whom you spoke, when you met, and the response you received. If you did not attempt an informal resolution to this problem, please give a detailed explanation why not.

8. Identify the outcome or remedy you seek for this complaint:

_____ Student Signature Date

_____ Parent(s) Signature Date

Name & Address of representative, if any:

Telephone #: _____