Date Received

SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

Exhibit A STUDENT/PARENT GRIEVANCE **FNG (LEGAL) & (LOCAL)**

Level One

Notice of Grievance to Administrator

Any student/parent filing a grievance must fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the appropriate central administrator within the time established in FNG (Local), which is 60 days from the date of the incident, 90 days from the date of the incident if an informal resolution is attempted, or 30 days from the receipt of filing instructions. All grievances will be processed in accordance with FNG (Legal) and (Local).

Grievant's information (All information is required) PLEASE PRINT

Name		
Address	**City/State**	**Phone**
E-mail		

If you will be represented, please identify the person representing you.

☐ **Legal Counsel** ☐ **Representative**	**Name/Organization**	
Address		**City/State**
Phone		**E-mail**

1. Please describe the decision or circumstances causing your grievance (give specific details, continue on separate paper if necessary).

_____

_____

_____

_____

2. What was the date of the decision or circumstance causing your grievance?

   _____

3. Please explain in detail the following:
   a. How you have been harmed by this decision or circumstance:

      _____

      _____

   b. The District policy violated, misinterpreted, or misapplied:

      _____

4. What efforts have you made to resolve your grievance informally and the response to your efforts?

   _____

   _____

   _____

5. With whom did you communicate? _____

6. On what date? _____

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

   _____

   _____

   _____

8. If you are making grievances or charges against any specific individuals, please identify each of those individuals by name and title:

   _____

   _____

9. Are you alleging a violation of the Texas Whistleblower Act?
   Yes _____ No_____

10. Are you alleging a violation of law? If so, please identify below:

    _____

    _____

11. Are you alleging that your supervisor either violated the law in the workplace or has unlawfully harassed you?
    Yes _____ No_____

Grievant, please note:

A grievance form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a grievance. 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. If established by policy, a review or appeal of a grievance must be conducted by a person with the authority to address the grievance unless a preliminary hearing is necessary to develop a record or a recommendation for the board of trustees of the school district. Please be advised that a grievant is allowed to add claims or documents during the grievance process. However, the grievance may be remanded to a lower level in order to develop the record, if necessary. Please be advised that the only remedies ruled upon shall be those listed in the Level One Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

_____	_____	_____
Student/Parent Signature	Print Name	Date of Filing
_____	_____	_____
Signature of Student/Parent's representative	Print Name	Date
_____	_____	_____
Superintendent's signature/Designee	Print Name	Date Received

Date Received

SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

Exhibit B STUDENT/PARENT GRIEVANCE **FNG (LEGAL) & (LOCAL)**

Optional Appeal
To Central Office Administrator

Any student/parent filing a grievance must fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to an appropriate central administrator within the time established in FNG (Local), which is 20 days from receiving a written decision. All grievances will be processed in accordance with FNG (Legal) and (Local). Please be advised that the only remedies ruled upon shall be those listed in the Optional Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Grievant's information (All information is required) PLEASE PRINT

Name		
Address	**City/State**	**Phone**
E-mail		

If you will be represented, please identify the person representing you.

☐ **Legal Counsel** ☐ **Representative**	**Name/Organization**	
Address		**City/State**
Phone		**E-mail**

1. To whom did you present your grievance at Level One?

   _____

   Date conference was held:_____

2. Date you received the written response to the Level One Conference: _____

3. Why do you disagree with the Level One response? Please explain in detail. Specifically list the remedy or remedies requested, but not granted, at Level One.

_____

_____

_____

Grievant, please note:

A grievance form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a grievance. 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. If established by policy, a review or appeal of a grievance must be conducted by a person with the authority to address the grievance unless a preliminary hearing is necessary to develop a record or a recommendation for the board of trustees of the school district. Please be advised that a grievant is allowed to add claims or documents during the grievance process. However, the grievance may be remanded to a lower level in order to develop the record, if necessary. Please be advised that the only remedies ruled upon shall be those listed in the Level One Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

_____	_____	_____
Student/Parent Signature	Print Name	Date of Filing
_____	_____	_____
Signature of Student/Parent's representative	Print Name	Date
_____	_____	_____
Superintendent's signature/Designee	Print Name	Date Received

Date Received

SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

Exhibit C STUDENT/PARENT GRIEVANCE **FNG (LEGAL) & (LOCAL)**

Level Two
Notice of Appeal

This form must be filled out completely by a student/parent appealing a Level One decision to the Superintendent or designee in accordance with the District's policy FNG (Legal) & (Local). To appeal a Level One decision, please fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the Superintendent or designee within the time established in FNG (Local). Appeals must be filed within 20 days of receiving a written decision. Please be advised that the only remedies ruled upon shall be those listed in the Level Two Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

Grievant's information (All information is required) PLEASE PRINT

Name		
Address	**City/State**	**Phone**
E-mail		

If you will be represented, please identify the person representing you.

☐ **Legal Counsel** ☐ **Representative**	**Name/Organization**	
Address		**City/State**
Phone		**E-mail**

1. To whom did you present your grievance at Level One?

   _____

   Date conference was held:_____

2. Date you received the written response to the Level One Conference: _____

3. Why do you disagree with the Level One response? Please explain in detail. Specifically list the remedy or remedies requested, but not granted, at Level One.

   _____

   _____

   _____

Grievant, please note:

A grievance form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a grievance. 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. If established by policy, a review or appeal of a grievance must be conducted by a person with the authority to address the grievance unless a preliminary hearing is necessary to develop a record or a recommendation for the board of trustees of the school district. Please be advised that a grievant is allowed to add claims or documents during the grievance process. However, the grievance may be remanded to a lower level in order to develop the record, if necessary. Please be advised that the only remedies ruled upon shall be those listed in the Level One Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

_____	_____	_____
Student/Parent Signature	Print Name	Date of Filing
_____	_____	_____
Signature of Student/Parent's representative	Print Name	Date
_____	_____	_____
Superintendent's signature/Designee	Print Name	Date Received

Date Received

SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

Exhibit D STUDENT/PARENT GRIEVANCE FNG (LEGAL) & (LOCAL)

Level Three Appeal Notice
To Board of Trustees

To appeal a Level Two decision, please fill out this form completely and submit it by hand delivery, fax, e-mail or U.S. mail to the Superintendent or designee within the time established in FNG (Local). Appeals must be filed within 20 days of receiving a written decision. Appeals will be heard in accordance with FNG (Legal) and (Local). Please be advised that the only remedies ruled upon shall be those listed in the Level Three Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the presiding officer of the Board, you shall be afforded a reasonable amount of time to present your grievance.

Grievant's information (All information is required) PLEASE PRINT

Name		
Address	**City/State**	**Phone**
E-mail		

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

☐ **Legal Counsel** ☐ **Representative**	**Name/Organization**	
Address		**City/State**
Phone		**E-mail**

1. To whom did you present your grievance at Level Two?

   _____

   Date conference was held: _____

2. Date you received the written response to the Level Two Conference: _____

3. Why do you disagree with the Level Two response? Please explain in detail. Specifically list the remedy or remedies requested, but not granted, at Level Two.

   _____

   _____

   _____

4. Do you want the Board to hear this appeal in open session? _____
   Please be advised that the Texas Open Meetings Act may prevent the Board from granting a request for open session if the grievance involves a grievance against a District employee or involves student-related information.

Grievant, please note:

A grievance form that is incomplete in any material may be dismissed, but may be re-filed with all the required information if the re-filing is within the designated time for filing a grievance. 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. If established by policy, a review or appeal of a grievance must be conducted by a person with the authority to address the grievance unless a preliminary hearing is necessary to develop a record or a recommendation for the board of trustees of the school district. Please be advised that a grievant is allowed to add claims or documents during the grievance process. However, the grievance may be remanded to a lower level in order to develop the record, if necessary. Please be advised that the only remedies ruled upon shall be those listed in the Level One Grievance Form. Remedies requested in an oral manner at any hearing level shall not be considered. At the discretion of the hearing officer, you shall be afforded a reasonable amount of time to present your grievance.

_____	_____	_____
Student/Parent Signature	Print Name	Date of Filing
_____	_____	_____
Signature of Student/Parent's representative	Print Name	Date
_____	_____	_____
Superintendent's signature/Designee	Print Name	Date Received