ARGYLE INDEPENDENT SCHOOL DISTRICT

6701 CANYON FALLS DR., FLOWER MOUND, TEXAS 76226
(940) 464-7241
www.argyleisd.com

DATE RECEIVED _____ STAFF INITIALS_____

PARENT/STUDENT COMPLAINT POLICY – LEVEL ONE GRIEVANCE

NOTE: Informal resolution is encouraged, but does not extend any deadlines in FNG (LOCAL).

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

Grievant's Name:	
School/Dept:	
Email Address:	
Phone Number:	
Home Address:	
Student's Name:	
Student's Grade Level:	
Date of Incident/Event:	
Date Grievance Submitted:	

If you will be represented in voicing your complaint, please identify the person representing you at the hearing.
PLEASE NOTE: Grievant's representative will be contacted for the hearing by Argyle ISD.

Grievant Representative's:

Name & Firm (if applicable):	
Phone Number:	
Full Address:	

GRIEVANT PLEASE NOTE:

As per District Policy, you must attach to this form any and all documents that you believe will support your complaint. All supporting documentation must be submitted at Level 1. Grievance forms that are incomplete in any material way may be dismissed, but may be refiled with the required information as long as the Complaint is filed within the designated timelines set forth in Board Policy. Additionally, pursuant to **HB 2**, school districts are required to provide notice of grievances filed against an employee to that employee, along with sufficient opportunity for the employee to submit a written response. Therefore, the grievance form and all supporting documents will be made available to the employee(s) named in the grievance. The employee(s) will be given the opportunity to review these materials and provide a written response, which will be included in the official grievance record.

Grievant Signature:		**Received by:**	
Date:		**Date:**	

Statement of Concern/Dispute: Please describe the decisions or circumstances causing your complaint. Be as detailed as possible and include dates. *(If possible, include citation of statue/policy/district practice allegedly violated)*

Please describe how you have or your child has been harmed by this decision or circumstance.

Please describe the efforts you have made to resolve your concerns and the responses thus far to your efforts. Please include dates of communication and whom you communicated with regarding your concerns/complaint.

Please describe the requested outcome or remedy you are seeking for this complaint.

Complainant, please note: Attach to this form any documents you believe will support the complaint; if unavailable when you submit the 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.

FOR ADMINISTRATIVE PURPOSES ONLY

Assigned Hearing Officer/Administrator	
Schedule Hearing by What Date	