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 APPEAL NOTICE

To appeal a Level One decision, or the lack of a timeline response after a Level One conference, to a Level Two hearing, please complete these forms and submit by hand delivery, email, or U.S. mail to the Student Services Department Attn: Deputy Superintendent, within the timelines established in Board Policy FNG (LOCAL). Mailing address is 6701 Canyon Falls Dr., Argyle, TX 76226. Email address is christopher.daniel@argyleisd.com. Appeals will be handled in accordance with Board Policy FNG (LOCAL) and any exceptions outlined therein.

Grievant's Name:	
School/Dept:	
Email Address:	
Phone Number:	
Home Address:	
Student's Name:	
Student's Grade Level:	
Date of Level One Conference:	
Name of Level One Administrator:	

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:
Student Services will attach a copy of your original complaint along with all documentation submitted at each level and the specific responses being appealed, as applicable.

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

I am not satisfied with the Level One decision & request this grievance be considered at Level Two.

Briefly describe your disagreement with the Level One decision:

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

FOR ADMINISTRATIVE PURPOSES ONLY

Assigned Hearing Officer/Administrator	
Deadline for Scheduled Hearing	