STAFFORD MUNICIPAL SCHOOL DISTRICT

STUDENT & PARENT COMPLAINT FORM

Student and Parent Complaints/Grievances | Board Policy FNG(LOCAL)

Instructions: Complete this form and submit it to the appropriate campus principal within the timeline established by FNG(LOCAL).

STUDENT AND PARENT INFORMATION

Student name:		**Student ID:**	
Campus:		**Grade level:**	
Parent/Guardian name:			
Mailing address:			
Phone number:		**Email address:**	

☐ Student filing on own behalf ☐ Parent/guardian filing for student ☐ Other authorized complainant

REPRESENTATIVE INFORMATION, IF APPLICABLE

Representative name:			
Organization/Address:			
Phone:		**Email:**	

☐ I authorize the individual identified above to represent me in this complaint. ☐ Telephone/virtual participation requested

COMPLAINT INFORMATION

Date of event/decision:		**Date first known:**	
Date submitted:		**Campus administrator:**	

1. Describe the decision, action, or circumstances causing the complaint and explain the individual harm alleged. Include specific facts, dates, locations, and persons involved.

2. Identify the specific policy, law, regulation, student right, or other provision you believe was violated, if known.

3. State the specific remedy or outcome requested. The remedy should address the alleged individual harm.

COMPLAINANT ACKNOWLEDGMENT

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that this complaint will be processed under FNG(LOCAL), that a materially incomplete filing may be returned or dismissed as permitted by policy, and that I am responsible for meeting all applicable timelines.

Complainant/Representative Signature Date

Attachments submitted: ☐ Supporting documents ☐ Policy or provision cited ☐ Representative authorization

DISTRICT RECEIPT AND LEVEL ONE DISPOSITION

Date received: **Time received:**

Received by: **Method:**

☐ Hand delivery ☐ Email/electronic ☐ U.S. mail ☐ Other: _____

Conference date: **Decision date:**

Level One decision/disposition:

Level One Administrator Signature Date

Notice to complainant: If dissatisfied with the Level One decision, submit a written Level Two Notice of Appeal in accordance with FNG(LOCAL). Signing an acknowledgment of receipt does not indicate agreement with the decision.

I do not accept the above decision and am referring this dispute to the next level.

Complainant/Representative Signature Date

NOTICE OF APPEAL - LEVEL TWO

Student and Parent Complaints/Grievances | Board Policy FNG(LOCAL)

DISTRICT RECEIPT AND LEVEL TWO DISPOSITION

Date received:

Received by:

Hearing Date: **Decision date:**

Level Two decision/disposition:

Superintendent/Designee Signature Date

Notice to complainant: If dissatisfied with the Level Two decision, submit a written Level Three Notice of Appeal in accordance with FNG(LOCAL). Signing an acknowledgment of receipt does not indicate agreement with the decision.

I do not accept the above decision and am referring this dispute to the next level.

Complainant/Representative Signature Date

NOTICE OF APPEAL - LEVEL THREE

Student and Parent Complaints/Grievances | Board Policy FNG(LOCAL)

DISTRICT RECEIPT AND BOARD ACTION

Date received:		**Received by:**	
Board hearing date:		**Date notice sent:**	