

Taylor Independent School District

Student/Parent Complaint Form – Level I

All complaints will be processed in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein. Submit this form to the principal.

Name _____ **Address:** _____

Re: Student _____ **Campus:** _____

Phone: _____ **Email:** _____

Please state the date of the event or series or events causing the complaint:

Please state your complaint, including the individual harm alleged:

Please state specific facts of which you are aware to support your complaint (list in detail):

Please state the remedy you seek for this complaint:

Parent/Guardian signature

Date submitted

Taylor Independent School District

Administrator Report of Level I Conference

Complainant's Name _____

Re: Student _____ Campus: _____

Date and time of conference: _____

Set forth the facts as presented by the complainant:

In your opinion, were the allegations made in the original complaint adequately supported by the facts submitted? Yes No

Please explain:

In your opinion, is the remedy sought by the complainant justified by the facts submitted?

Yes No

Please explain:

What decisions were made or recommendations agreed upon as a result of the conference?

Administrator signature

Date submitted

Attach a copy of the complainant's original written complaint and a copy of the written response given to the employee before submitting to the superintendent.

Received by:

Superintendent signature

Date submitted

Taylor Independent School District

Notice of Appeal to Level II

This form must be filled out completely to appeal a Level I decision to the Superintendent or designee in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name _____ **Address:** _____

Re: Student _____ **Campus:** _____

Phone: _____ **Email:** _____

To whom did you last present your complaint? _____

Date of conference: _____

If you will be represented in pursuing your complaint, please identify the individual or organization representing you:

Name: _____

Address: _____

Telephone: _____

Attach a copy of the original complaint and, if applicable, a copy of the Level I decision being appealed.

Parent/Guardian signature

Date submitted

Taylor Independent School District

Notice of Appeal to the Board - Level III

This form must be filled out completely to appeal a Level II decision to the board in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name _____ **Address:** _____

Re: Student _____ **Campus:** _____

Phone: _____ **Email:** _____

To whom did you last present your complaint? _____

Date of conference: _____

If you will be represented in pursuing your complaint, please identify the individual or organization representing you:

Name: _____

Address: _____

Telephone: _____

Attach a copy of the original complaint and, if applicable, a copy of the Level II decision being appealed.

Parent/Guardian signature

Date submitted