

STUDENT RIGHTS AND RESPONSIBILITIES
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG
(EXHIBIT)

The forms on the following pages are provided to assist the District in processing student or parent complaints/grievances.

Exhibit A: Student/Parent Complaint Form — 2 pages

Exhibit B: Student/Parent Complaints: Notice of Appeal — 1 page

EXHIBIT A

STUDENT/PARENT COMPLAINT FORM

To initiate a complaint at Level One or Two (as provided in FNG(LOCAL)), complete this Student/Parent Complaint Form with the appropriate information and file by hand delivery, fax, or U.S. Mail to the department of student affairs (DSA) at 16431 Lexington Blvd., Suite 101, Sugar Land, TX 77479. All complaints will be processed in accordance with FNG(LEGAL) and (LOCAL). Failure to complete this form in its entirety will result in the form being returned to the complainant; no complaint will proceed until all details are completed. Complaints at each level will be based on the initial statement of complaint.

1. Parent/Guardian Name _____ Student's Name _____
2. Student's Campus of Attendance _____
3. Student's FBISD ID Number _____
4. Home Address _____
5. E-mail Address _____
6. Home Phone _____ Cell Phone _____
7. At what level is this complaint filed? _____ (enter number as either Level One or Two)

Note: If the relief has been granted, no appeal to a higher level is permitted. You must attach the Complaint Form and written complaint response from each level beyond the initial level.

8. Please state the date of event or series of events causing the complaint

9. Please state your complaint, including the individual harm alleged. Include specific facts and details of which you are aware to support your complaint (please attach additional pages if necessary).

10. If you will be represented by a parent or another adult in pursuing this complaint via FNG(LOCAL), please identify that individual or organization by completing the spaces below:

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Name _____

Organization _____

Address _____

E-mail Address _____

Business Phone _____ Cell Phone _____

11. Relief sought:

Signature _____ Date submitted _____

EXHIBIT B

STUDENT/PARENT COMPLAINTS: NOTICE OF APPEAL

This form must be filled out completely by a student or parent appealing a complaint decision to the next level in accordance with the District's FNG policy. This form must be provided to the department of student affairs (DSA) at 16431 Lexington Blvd., Suite 101, Sugar Land, TX 77479 if a Level One decision is being appealed. This form must be submitted to the DSA if a Level Two decision is being appealed. Failure to complete this form in its entirety will result in the form being returned to the complainant; no appeal will proceed until all details are completed. All appeals will be limited to the initial statement of complaint.

1. Parent/Guardian Name _____ Student's Name _____
2. Student's Campus of Attendance _____
3. Name of administrator whose complaint decision you are appealing. _____

4. Are you appealing a decision at: Level One? _____ or Level Two? _____
5. Date of complaint conference you are appealing. _____

NOTE: IF THE RELIEF REQUESTED IN THE INITIAL STATEMENT OF COMPLAINT HAS BEEN GRANTED, NO APPEAL IS PERMITTED.

6. If you will be represented by a parent or another adult in pursuing this complaint via FNG(LOCAL), please identify that individual or organization by completing the spaces below:

Name _____

Organization _____

Address _____

E-mail Address _____

Business Phone _____ Cell Phone _____

7. Attach copy of original complaint.
8. Attach copy of complaint decision being appealed.
9. If any relief has been granted at any level, state why you feel it is inadequate. New or different relief may not be requested on appeal.

Signature: _____ Date submitted _____