

Klein ISD  
101915

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 complaints from students and parents:

- Exhibit A: Student/Parent Complaint Form — 2 pages
- Exhibit B: Student/Parent Complaint Appeal Notice — 1 page

EXHIBIT A

STUDENT/PARENT COMPLAINT FORM

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the appropriate 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.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number (\_\_\_\_) \_\_\_\_\_

3. Campus \_\_\_\_\_

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number (\_\_\_\_) \_\_\_\_\_

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What was the date of the decision or circumstances causing your complaint?

\_\_\_\_\_

7. Please explain how you have been harmed by this decision or circumstance.

\_\_\_\_\_  
\_\_\_\_\_

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8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

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With whom did you communicate? \_\_\_\_\_

On what date? \_\_\_\_\_

9. Please describe the outcome or remedy you seek for this complaint.

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Student or parent signature \_\_\_\_\_

Signature of student's or parent's representative \_\_\_\_\_

Date of filing \_\_\_\_\_

*Complainant, please note:*

*A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.*

*Attach to this form any documents you believe will support the complaint; if unavailable when you submit this 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.*

EXHIBIT B

STUDENT/PARENT COMPLAINT APPEAL NOTICE

To appeal a previous decision, or the lack of a timely response after a previous conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in FNG(LOCAL). Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

3. Campus \_\_\_\_\_

4. If you will be represented in voicing your appeal, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

5. To whom did you present your complaint at the previous level?

\_\_\_\_\_

Date of conference \_\_\_\_\_

Date you received a response to the previous conference \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at the previous level.

\_\_\_\_\_  
\_\_\_\_\_

7. Attach a copy of your original complaint and any documentation submitted at the previous level.

8. Attach a copy of the previous response being appealed, if applicable.

Student or parent signature \_\_\_\_\_

Signature of the student's or parent's representative \_\_\_\_\_

Date of filing \_\_\_\_\_