SAN MARCOS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

STUDENT/PARENT COMPLAINT FORM

LEVEL ONE – CONFERENCE WITH ADMINISTRATOR

A parent or student who has a complaint shall submit a LEVEL ONE – NOTICE OF COMPLAINT to the appropriate administrator by hand delivery, fax, or U.S. Mail. Complaint forms must be filed within fifteen days of the time the student or parent knew, or with reasonable diligence should have known, of the action giving rise to the complaint. The appropriate administrator shall hold a conference with the student or parent within ten days of the receipt of the complaint form and will have ten days from the date of the conference to provide the student or parent with a written response. For more detailed information regarding the outline of the complaint process and timelines, visit <u>SMCISD Board Policy FNG (LOCAL)</u>.

LEVEL TWO – COMPLAINT TO SUPERINTENDENT OR DESIGNEE

If the student or parent does not receive the relief requested at Level One or if the time for a response has expired, the student or parent may request a conference with the superintendent or designee to appeal the Level One decision. The appeal notice must be filed in writing by submitting a "LEVEL TWO-NOTICE OF COMPLAINT TO THE SUPERINTENDENT" form in accordance with the District's policy FNG (LOCAL). The superintendent or designee shall schedule and hold a conference with the student or parent within 10 days after the appeal notice is filed. The Superintendent or designee shall have ten days following the conference to provide the student or parent a written response.

LEVEL THREE - APPEAL TO THE BOARD

 If the student or parent does not receive the relief requested at Level Two or if the time for a response has expired, the student or parent may appeal the decision to the Board. The appeal notice must be filed in writing, on the "LEVEL THREE-NOTICE OF APPEAL TO THE BOARD", and must be submitted within ten days after the receipt of a response at Level two, or if no response was received, within ten days of the response deadline at Level Two. The superintendent shall inform the student or parent of the date, time, and place of the board meeting. The procedure for the hearing of the complaint by the Board is included can be found in the <u>SMCISD Board Policy FNG</u> (LOCAL).

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refilled with all the required information if the refilling 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.

DATE ISSUED: 2/27/2015 LDU 2015.01 FNG(LOCAL)-X

LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand deliver, fax, or U.S. mail to appropriate administrator within the time established in FNG (LOCAL). All complaints will be processed in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein.

| Name | | |
|---|--|--|
| Address | | |
| Telephone number () | | |
| Campus/Department | | |
| If you will be represented in voicing your complaint, please identify the person representing you: | | |
| Name: | | |
| Address: | | |
| Telephone number: ———————————————————————————————————— | | |
| Please describe the decision or circumstances causing your complaint (give specific details, contine on reverse side if necessary). | | |
| | | |
| What was the date of the decision or circumstance causing your complaint? | | |
| Please explain how you have been harmed by this decision or circumstance. | | |
| | | |
| | | |
| | | |

| 7. | Please describe any efforts you have made to resolve your complaint informally and the response to your efforts. | | | | | | |
|------------------------------------|--|---|----------------|--|--|--|--|
| | | | | | | | |
| 8. | Wit | h whom did you communicate? | | | | | |
| 9. | On | what date? | | | | | |
| 10. | Please describe the outcome or remedy you seek for this complaint. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11. | I. If you are making complaints or charges against any specific individuals, please identify each of the individuals by name: | | | | | | |
| 12. | Are | Are you alleging a violation of the Texas Whistleblowers Act? | | | | | |
| | Yes | No | - | | | | |
| 13. | 3. Are you alleging a violation of policy or law? If so, please identify below: | | | | | | |
| | | | | | | | |
| Stu | Ident | or Parent signature | Date Submitted | | | | |
| Principal's/Supervisor's Signature | | | Date Received | | | | |
| | | | | | | | |

LEVEL TWO NOTICE OF APPEAL TO SUPERINTENDENT OR DESIGNEE

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

| 1. | Name |
|----|---|
| | Address |
| | |
| | Telephone number () |
| 2. | Campus |
| 3. | If you will be represented in pursuing your complaint, please identify the individual or organization representing you. |
| | Name Phone |
| | Address |
| | |
| | Telephone number () |
| 4. | To whom did you present your complaint at Level One? |
| | Date of the conference |
| | Date you received a response to the Level One Conference |
| 5. | Please explain specifically how you disagree with the outcome at Level One. |
| | |
| 6. | Attach a copy of your original complaint and any documentation submitted at Level One. |
| 7. | Attach a copy of the Level One response being appealed, if applicable. |

Signature of the student's or parent

Signature of Student or Parent's Representative

Superintendent/Designee's Signature

Date of Filing

Date Received

LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand deliver, 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/Department | _ |
| 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 appeal at Level Two? | _ |
| | Date of Conference | |
| | Date you received a response to the Level Two conference | |
| 6. | Please explain specifically how you disagree with the outcome at Level Two. | |
| | | |
| 7. | Do you want the Board to hear this appeal in open session? aware that the Texas Open Meetings Act may prevent the Board from granting a request f the complaint is against an individual. | |
| 8. | Attach a copy of your original complaint and any documentation submitted at Level One a your Level Two appeal notice. | nd a copy of |

Parent or Student Signature

Signature of Parent or Student's representative

Date of Filing