The forms on the following pages are provided to assist the District in processing complaints and appeals from students and parents:

Exhibit A: Student/Parent Complaint Form — Level One — 2 pages
Exhibit B: Response to Level One Complaint — 1 page
Exhibit C: Level Two Appeal Notice — 2 pages
Exhibit D: Response to Level Two Appeal — 1 page
Exhibit E: Level Three Appeal Notice — 2 pages
Exhibit F: Board’s Response to Level Three Appeal — 1 page
STUDENT RIGHTS AND RESPONSIBILITIES
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

EXHIBIT A

Note: Informal resolution is encouraged but does not extend any deadlines in FNG(LOCAL), except by mutual written consent.

STUDENT/PARENT COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, 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: ______________________________________________________
E-mail address: _________________________________________________________

3. Campus: ______________________________________________________________

4. If you will be represented in presenting your complaint, please identify the person representing you.
   Name: ________________________________________________________________
   Address: ______________________________________________________________
______________________________________________________________________
Telephone number: ______________________________________________________
E-mail address: _________________________________________________________

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?
   ________________________________
STUDENT RIGHTS AND RESPONSIBILITIES

STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG
(EXHIBIT)

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

_____________________________________________________________________

_____________________________________________________________________

8. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and whom you communicated with regarding your concerns.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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

RESPONSE TO LEVEL ONE COMPLAINT

_______________________________________ (date)
_______________________________________ (name of complainant)
_______________________________________ (address of complainant)
_______________________________________
_______________________________________ (e-mail of complainant)

Dear ____________________:

Having considered the complaint at our Level One conference on _______________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

For the following reasons, I am unable to provide the remedy you seek:

__________________________________________________________________________
__________________________________________________________________________

I will take the following actions to grant the remedy you seek for your complaint:

__________________________________________________________________________
__________________________________________________________________________

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

__________________________________________________________________________
__________________________________________________________________________

_______________________________________ (signature of principal or other appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in FNG(LOCAL). The necessary appeal forms are available at ______________________________ during regular business hours.
LEVEL TWO APPEAL NOTICE

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 delivery, electronic communication, 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: ____________________________________________________
   E-mail address: _______________________________________________________

3. Campus: _____________________________________________________________

4. If you will be represented in presenting your appeal, please identify the person representing you.
   Name: ______________________________________________________________
   Address: _____________________________________________________________
   __________________________________________________
   Telephone number: ____________________________________________________
   E-mail address: _______________________________________________________

5. Who held the Level One conference? _____________________________
   Date of conference: _____________________________
   Date you received a response to the Level One conference: ________________

6. Please explain specifically how you disagree with the outcome at Level One.
   __________________________________________________
   __________________________________________________

7. Attach a copy of your original Level One complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.
Student or parent signature: ________________________________________________

Signature of the student’s or parent’s representative: __________________________

Date of filing: ______________________________

Complainant, please note:

A complaint or appeal 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 or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.
EXHIBIT D

RESPONSE TO LEVEL TWO APPEAL

_______________________________________ (date)

_______________________________________ (name of complainant)

_______________________________________ (address of complainant)

_______________________________________  

Dear _________________________:

Having considered the Level Two appeal on __________________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

I am unable to grant your appeal. I will uphold the decision made at Level One by ________________________ (name) and communicated to you in the Level One response.

I wish to grant your appeal and have instructed ________________________ (name) to find a resolution in keeping with the remedy you seek.

Although I am unable to fully grant your appeal, I have instructed ________________ (name) to take the following actions as a partial remedy to your complaint:

__________________________________________________________________________

__________________________________________________________________________

_____________________________________

Superintendent (or designee)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in FNG(LOCAL). The necessary appeal forms are available at ________________________________ during regular business hours.
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 delivery, electronic communication, 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: ___________________________________________________________________________________
   E-mail address: ______________________________________________________________________________________

3. Campus: __________________________________________________________________________________________

4. If you will be represented in presenting your appeal, please identify the person representing you.
   Name: _____________________________________________________________________________________________
   Address: __________________________________________________________________________________________
   Telephone number: __________________________________________________________________________________
   E-mail address: ______________________________________________________________________________________

5. Who held the Level Two conference? __________________________
   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? □ Yes □ No
   If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

8. Attach a copy of your original Level One complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

9. Attach a copy of the Level Two response being appealed, if applicable.
Student or parent signature: __________________________________________________

Signature of student’s or parent’s representative: ____________________________

Date of filing: ______________________________

Complainant, please note:

A complaint or appeal 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 or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.
EXHIBIT F

BOARD’S RESPONSE TO LEVEL THREE APPEAL

_______________________________________ (date)
_______________________________________ (name of complainant)
_______________________________________ (address of complainant)
_______________________________________
_______________________________________ (e-mail of complainant)

Dear _________________________:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on ______________________ (date):

[Note: When preparing the letter or announcing the decision at the Board meeting, include only one of the following sentences.]

We have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two.

We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Sincerely,

_____________________________________
President of the Board of Trustees
Ector County Independent School District