

Clarendon CISD

416 S. Allen, Clarendon, TX 79226
(806) 310-7220 Fax: (806) 874-2579

STUDENT/PARENT COMPLAINT FORM — LEVEL ONE

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. Parent Name _____
2. Student Name _____
3. Mailing Address _____
4. Phone Number (____) _____
5. Email Address _____
6. Campus _____
7. If you will be represented in voicing your complaint, please identify the person representing you.
 - a. Name _____
 - b. Mailing Address _____
 - c. Phone Number (____) _____
8. Please describe the decision or circumstances causing your complaint (give specific factual details). Attach additional paper if needed.

9. The date of the decision or the circumstances causing your complaint? _____
10. Please explain how you have been harmed by this decision or circumstance.

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

With whom did you communicate? _____

On what date? _____

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

Student or Parent Signature

Date of Filing

Representative of student or parent Signature

Date of Filing

Relationship to Student

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 record.