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 **15 DAYS**. All complaints will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

PARENT NAME: _____

STUDENT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

CAMPUS: _____

1. IF YOU WILL BE REPRESENTED IN PRESENTING YOUR COMPLAINT, PLEASE IDENTIFY THE PERSON REPRESENTING YOU.

   NAME _____

   ADDRESS _____

   PHONE _____

   EMAIL _____

2. PLEASE DESCRIBE THE DECISION OR CIRCUMSTANCES CAUSING YOUR COMPLAINT- *PLEASE GIVE SPECIFIC FACTUAL DETAILS.*

3. WHAT WAS THE DATE OF THE DECISION OR CIRCUMSTANCES CAUSING YOUR COMPLAINT?

   _____

4. PLEASE EXPLAIN HOW YOU OR YOUR CHILD MAY HAVE BEEN HARMED BY THIS DECISION OR CIRCUMSTANCE.

INGRAM
INDEPENDENT SCHOOL DISTRICT

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5. PLEASE DESCRIBE ANY EFFORTS YOU HAVE MADE TO RESOLVE YOUR COMPLAINT INFORMALLY AND THE RESPONSES TO YOUR EFFORTS.

_____

6. WITH WHOM DID YOU COMMUNICATE?

_____

7. ON WHAT DATE? _____

8. PLEASE DESCRIBE THE OUTCOME OR REMEDY YOU SEEK FOR THIS COMPLAINT.

SIGNATURE OF COMPLAINANT _____

SIGNATURE OF COMPLAINANT'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.