



RED OAK

INDEPENDENT SCHOOL DISTRICT

109 W. RED OAK ROAD P.O. BOX 9000 RED OAK, TEXAS 75154
972.617.2941 FAX 972.617.4333

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. Name _____

2. Address _____

Telephone Number (____) _____ Email _____

3. Campus _____

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

Name _____

Address _____

Telephone Number (____) _____ Email _____

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.

8. 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? _____

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 refiled is within the designated time for filing a complaint.

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