

Katy Independent School District  
**Student Complaint Form – Level One**

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**Note:** Informal resolution shall be encouraged but shall not extend any deadlines in this policy, except by mutual written consent.

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Any student/parent who wishes to file a complaint, in accordance with the provisions of FNG(LOCAL), must complete this form and submit it by hand delivery, fax, or U.S. mail to the Associate Superintendent for Administration, Governance and Legal Affairs prior to or at the Level One conference. All complaints must be processed in accordance with Board policy FNG(LEGAL) and (LOCAL). A student or parent may not present a complaint to the Board until all administrative remedies (appeal processes) have been exhausted.

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade Level: \_\_\_\_\_

1. Please state the date of the decision or circumstances causing the complaint.

\_\_\_\_\_

2. Please describe the decision or circumstances causing the complaint (give specific factual details):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

5. Please describe the outcome or remedy you are seeking:

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address:

Representation will be by telephone conference call.

Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least three days, or the District may reschedule the conference or hearing to a later date.

*Attach any documents you believe will support this complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. The scope of the grievance and/or the relief sought may not change after the Level One conference.*

*A complaint form that is incomplete may be dismissed but may be resubmitted when all required information is completed if the resubmission is within the designated time for filing a complaint.*

*A resolved grievance may not be appealed to the next level.*

Parent Signature:	Date:
Signature of Representative, if applicable:	Date:

FOR OFFICE USE ONLY	
Date and Time Received:	Case Number: