

Plano ISD  
043910  
STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES  
FNG(EXHIBIT)

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

[Exhibit A](#): Student/Parent Complaint Form — Level One — 2 pages

[Exhibit B](#): Level Two Appeal Notice — 1 page

[Exhibit C](#): Level Three Appeal Notice — 1 page

[Exhibit D](#): Level Four Appeal Notice — 1 page



EXHIBIT A

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 campus principal or 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: \_\_\_\_\_

3. Campus: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Telephone number: \_\_\_\_\_

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.

---

---

---

---

10. Has the date for filing your complaint been extended by mutual consent?

---

If so, who granted the extension? \_\_\_\_\_

On what date? \_\_\_\_\_

Student or parent signature: \_\_\_\_\_

Signature of student's or parent's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing \_\_\_\_\_

Name of person receiving 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. Written complaints must be filed within 15 days of the date the student or parent first knew, or with reasonable diligence should have known, of the decision or action giving rise to the complaint or grievance.*

*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

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, fax, or U.S. mail to the executive director for school leadership and innovation 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: \_\_\_\_\_

3. Campus: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Telephone number: \_\_\_\_\_

5. To whom did you present your complaint at Level One? \_\_\_\_\_

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 or whether the time for a response to your Level One complaint has expired.

\_\_\_\_\_

\_\_\_\_\_

7. Attach a copy of your original 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: \_\_\_\_\_

Method of filing: \_\_\_\_\_

Name of person receiving filing: \_\_\_\_\_

*Complainant, please note:*

DATE ISSUED: 9/13/2019

1 of 2

FNG(EXHIBIT)

Plano ISD  
043910  
STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES  
FNG(EXHIBIT)

*This appeal notice must be filed within ten days of the date of the written Level One response or, if no response was received, within ten days of the Level One response deadline.*

EXHIBIT C

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, fax, 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: \_\_\_\_\_

3. Campus: \_\_\_\_\_

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

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

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

Telephone number: \_\_\_\_\_

5. To whom did you present your appeal at Level Two? \_\_\_\_\_

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 or whether the time for a response to your Level Two complaint has expired.

\_\_\_\_\_  
\_\_\_\_\_

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

8. Attach a copy of the Level Two response being appealed, if applicable.

Student or parent signature: \_\_\_\_\_

Signature of the student's or parent's representative: \_\_\_\_\_

Plano ISD  
043910  
STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES  
FNG(EXHIBIT)

Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

Name of person receiving filing: \_\_\_\_\_

*Complainant, please note:*

*This appeal notice must be filed within ten days of the date of the written Level Two response or, if no response was received, within ten days of the Level Two response deadline.*



EXHIBIT D

LEVEL FOUR APPEAL NOTICE

To appeal a Level Three decision, or the lack of a timely response after a Level Three conference, please fill out this form completely and submit it by hand delivery, fax, 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: \_\_\_\_\_

3. Campus: \_\_\_\_\_

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

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

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

Telephone number: \_\_\_\_\_

5. To whom did you present your appeal at Level Three? \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date you received a response to the Level Three conference: \_\_\_\_\_

6. Please explain specifically how you disagree with the outcome at Level Three or whether the time for a response to your Level Three complaint has expired.

\_\_\_\_\_  
\_\_\_\_\_

7. Do you want the Board to hear this appeal in open session? \_\_\_\_\_

*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 complaint, any documentation submitted at Level One, a copy of your Level Two appeal notice, any documentation submitted at Level Two, a copy of your Level Three appeal notice, and any documentation submitted at Level Three.

9. Attach a copy of the Level Three response being appealed, if applicable.

Plano ISD  
043910  
STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES  
FNG(EXHIBIT)

Student's or parent's signature: \_\_\_\_\_

Signature of student's or parent's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Method of filing: \_\_\_\_\_

Name of person receiving filing: \_\_\_\_\_

*Complainant, please note:*

*This appeal notice must be filed within ten days of the date of the written Level Three response or, if no response was received, within ten days of the Level Three response deadline.*