SANTA GERTRUDIS INDEPENDENT SCHOOL DISTRICT

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 therin.

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 to decision or circumstances causing your complaint (give specific factual details).

   _____

   _____

   _____

   _____
6. What was the date of the decision or circumstances causing your complaint?

   _____

P.O. Box 592
Kingsville, TX. 78364
www.sgisd.net
Tel: (361) 384-5087
Fax: (361)592-7736

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

   _____

   _____

8. Please describe any efforts you made to resolve your complaint informally and the responses to your effort.

   _____

   _____

   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 _____

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Complainant, please note:

A Complaint form that is incomplete in any material way may be dismissed, but, it may be refiled 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 records.

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