## JIM HOGG COUNTY INDEPENDENT SCHOOL DISTRICT

Exhibit C STUDENT/PARENT COMPLAINT FORM

FNG (LEGAL) & (LOCAL)

## Level One Student/Parent Complaint Form

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, e-mail, or U.S. mail to the appropriate administrator within the time established in FNG (Local). All complaints will be processed in accordance with FNG (Legal) and (Local) or any exceptions outlined therein.

Grievant's information (All information is required) PLEASE PRINT							
<u>Name</u>							
Address			City	<u>/State</u>	<u>E-mail</u>		
Phone							
If you will be represented in voicing your appeal, please identify the person representing you.							
Legal Counsel Name/Organization Representative							
Address				<u>City/State</u>			
<u>Phone</u>				E-mail			
		the decision or circ erse side if necessa		ances causing your complai	nt (give specific de	etails,	
	2. What was the date of the decision or circumstance causing your complaint:  3. Please explain in detail the following:						
				decision or circumstance:			

	b. The District policy/policies viola	ed, misinterpreted, or misapplied:				
4.	efforts?	ve your complaint informally and the response to your				
-						
5.						
6. 7.	On what date?					
8.	Please describe the outcome or rem	edy you seek for this complaint.				
A complinformation believe vone Conadvised	ion if the re-filing is within the designated vill support the complaint; if unavailable wh ference. Please keep a copy of the completo that you will not be allowed to present a	al way may be dismissed, but may be re-filed with all the requir time for filing a complaint. Attach to this form any documents yen you submit this form they may be presented not later than the Level of form and any supporting documentation for your records. Please by new evidence at a future appeal hearing, unless such evidence ten (10) minutes to present your grievance.				
Grievant	's Signature	Date of Filing				
Signature	e of Grievant's representative	Date				
Superint	endent's signature/Designee	Date Received				