



SOCORRO INDEPENDENT SCHOOL DISTRICT

Parent/Student Complaint--Grievance Forms

Policy FNG Level II

To file a formal complaint, please fill out these forms completely and submit by hand delivery, fax, or U.S. Mail to Administrative Services Department—Dr. Olivas Graham, within the time established in FNG (Local). Complaints will be handled in accordance with Policy FNG (Legal & Local) or any exceptions outlined therein.

Grievant's Name: _____ School/Dept. _____
(Please print)

Email Address: _____ Telephone # _____
(cellular) (other)

Home Address: _____
Street City State Zip Code

Student's name _____ Grade or Classification: _____
(if applicable)

Date of Incident/Event: _____ Date Grievance was submitted _____

If you will be represented in voicing your complaint, please identify the person representing you at hearing.
NOTE: Grievant's representative will be contacted for hearing by SISD

Name (print): _____ Telephone # _____

Address: _____
Street City State Zip

COMPLAINANT PLEASE NOTE:

As per District Policy FNG (Local), please attach to this form any/all documents which you believe will support the complaint. All supporting documentation must be submitted at Level I, unless grievance started at Level II, in which case all supporting documentation must be attached to the Level II Grievance Forms. Complaint forms that are incomplete in any material way may be dismissed, but may be refiled with the required information as long as refileing is within the Policy FNG designated time for filing the complaint.

Your Signature _____ Received by: _____ Date _____



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Level II

Grievance Level II

I am not satisfied with the Level I decision (or I/We are not willing to meet with the Level I Officer) and request this grievance be considered and/or initiated at Level II.

1. Level I --Hearing held on: _____ Level I --Hearing Officer: _____

2. Level II Hearing Officer: _____ Schedule Hearing Before: _____
name date

3. Briefly state your Concern/Dispute (or disagreement with rendered Level I hearing disposition):
(If possible include citation of statute/policy/district practice allegedly violated and/or disposition from Level I hearing that denied your remedy.)

4. Requested Remedy (or remedy not granted at Level I): _____

5. Disposition: _____

Administrator _____ Date _____ Parent/Student _____