



COPPELL INDEPENDENT SCHOOL DISTRICT

Parent/Student 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 Director of Student and Staff Services at Central Office within the time established in board policy FNG(LOCAL). All complaints will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

Parent’s Name: _____

Student’s Name: _____

Address: _____

Phone: _____ Email: _____

Campus: _____ Grade: _____ Principal: _____

If you will be represented in presenting your appeal, please identify the person or organization representing you.

Name: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

- 1. Please describe the decision or circumstance(s) causing your complaint (give factual details):





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

3. Please explain how you (or your child) have been harmed by this decision or circumstance.

4. Please describe any efforts you have made to resolve your complaint informally at the campus level and the responses to your efforts.

5. With whom did you communicate with at the campus?

6. On what date(s)?





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7. Please describe the outcome or remedy you seek for this complaint.

Lined area for describing the outcome or remedy sought.

Parent Signature: _____ Date: _____

Please Note:

A complaint form that is incomplete in any material way may be dismissed but may be re-filed with all the required information if re-filing within the designated time frame 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 at the Level One Grievance Conference. Please keep a copy of the completed form and any supporting documentation for your records.

