Como-Pickton Consolidated Independent School District
Parent/Student Complaint Form
Level One

Complete this form in accordance with District policy FNG (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level One complaint to your campus principal.

1. Student's Name_____
2. Parent's Name_____
3. Address & Telephone Number_____
4. Campus _____
5. The date of the event or action that gave rise to this complaint _____
6. A detailed factual description of all of the circumstances (s) that gave rise to this complaint. (Use additional pages if necessary)

_____

_____

_____

_____

7. Explain specifically how your child was harmed or injured by the facts that you provided in response to item 6 above.

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_____

8. Identify and attach any documents upon which you will rely during the complaint process and explain what those documents will prove. (If you do not have these documents at the time you file your complaint, you will be able to provide copies at the Level One conference. However, please identify to the best of your ability what those documents are and what you think they will prove.)

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9. The district wants to have all complaints resolved informally or at the lowest possible level. Explain your efforts to informally resolve your complaint, including whom you spoke with, when you met, and the response you received. If you did not attempt informal resolution, provide an explanation why not.

10. Identify the remedy you seek for this complaint. In other words, what do you want us to do in response to your complaint?

Parent's Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any.

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