

# Elgin Independent School District

## PARENT/STUDENT COMPLAINT FORM – LEVEL II

Complete this form in accordance with District policy FNG (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. On the date listed below, a complaint was presented. Complaints shall be presented at the appropriate level with intent that, whenever feasible, the complaint be resolved at the lowest possible administrative level.

**Student's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Department/campus** \_\_\_\_\_

The date of the event or action that gave rise to this complaint: \_\_\_\_\_

Complaint Explanation: (Please be as specific as possible with facts that support the complaint, attach Level I documentation)

Person(s) Against Whom Complaint Is Filed: \_\_\_\_\_

Brief Explanation of the outcome of Level I conference (include date/time of Level I conference):

Relief Being Requested from Level II Conference:

\_\_\_\_\_  
Signature of Person Presenting Complaint

\_\_\_\_\_  
Date Submitted

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

**Representative Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

I have read the above information: \_\_\_\_\_

Administrator's Signature

\_\_\_\_\_ Date