

Elgin Independent School District

PARENT/STUDENT COMPLAINT FORM – LEVEL III

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 documentation from Level I and Level II conference)

Person(s) Against Whom Complaint Is Filed: _____

Brief Explanation of the outcome of Level I and Level II conference:

Relief Being Requested from Level III meeting:

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