

LAKE WORTH INDEPENDENT SCHOOL DISTRICT

STUDENT RIGHTS AND RESPONSIBILITIES

STUDENT AND PARENT COMPLAINT
GRIEVANCES

School Board Policy
FNG(Legal) / FNG(Local)
(Exhibit)

PARENT / STUDENT'S COMPLAINT FORM
LEVEL ONE (Principal)

This form must be filled out completely by a student or parent within 15 days of the date the student or parent first knew of the decision or action giving rise to the complaint or grievance;

1. Student's Name _____ Grade _____ Campus _____

2. Parent's Name _____ Daytime Phone _____

3. Date of Incident _____

4. Please write a brief description of the incident

5. Has this incident been reported to anyone else? _____
Name & Position

6. What remedy do you seek to this complaint?

Student/Parent Signature Date _____

Received by Date _____

Please provide the student/parent a copy of this report at filing.

PARENT / STUDENT'S COMPLAINT FORM
LEVEL TWO (Superintendent)

This form must be filled out completely by a student or parent appealing a Level One decision to the Superintendent or designee.

1. Student's Name _____ Grade _____ Campus _____

2. Parent's Name _____ Daytime Phone _____

3. Date of Incident _____

4. Please write a brief description of the incident

5. Has this incident been reported to anyone else? _____
Name & Position

6. What remedy do you seek to this complaint?

7. Attach a copy of your original Level One complaint.

8. Attach a copy of your Level One decision.

Student/Parent Signature Date _____

Received by Date _____

Please provide the student/parent a copy of this report at filing.

PARENT / STUDENT'S COMPLAINT FORM
LEVEL THREE (Board of Trustees)

This form must be filled out completely by a student or parent appealing a Level Two decision to the Board, in accordance with FNG(Local) or any exceptions outlined therein:

1. Name _____ Grade _____

2. Campus _____

3. Address _____

4. Home Telephone _____

5. To whom did you last present this complaint? _____

Date of Conference _____

6. If you will be represented by another person in pursuing your complaint, please identify the person representing you.

Name _____

Address _____

City, State and Zip _____

Telephone Number _____

7. Attach a copy of your original Level Two complaint.

8. Attach copies of the Level One and Level Two decisions.

Student/Parent Signature Date _____

Received by Date _____

Please provide the student/parent a copy of this report at filing.