

Henderson ISD
201902

STUDENT RIGHTS AND RESPONSIBILITIES
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG
(EXHIBIT)

The forms on the following pages are provided to assist the District in processing complaints from Parents and Students:

Exhibit A: Parent/Student Complaint Form — Level One — 2 pages

Exhibit B: Responses to Level One Parent/Student Complaint — 3 pages

Exhibit C: Level Two Parent/Student Appeal Notice — 1 page

Exhibit D: Response to Level Two Parent/Student Appeal — 3 pages

Exhibit E: Level Three Parent/Student Appeal Notice — 2 pages

Exhibit F: Board's Response to Level Three Parent/Student Appeal — 3 pages

HENDERSON ISD
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 appropriate administrator within the time established in **FNG(LOCAL)**. All complaints will be heard in accordance with **FNG(LEGAL)** and **(LOCAL)** or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number (____) _____ Cell Phone(____) _____

3. Campus _____

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name _____

Address _____

Telephone number (____) _____ Cell Phone (____) _____

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

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

7. Please explain how you have been harmed by this decision or circumstance.

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8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate? _____

On what date? _____

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

Signature of complainant _____

Signature of complainant's representative _____

Date of filing _____

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refilled with all the required information if the refilling is within the designated time 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 the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.

HENDERSON ISD
RESPONSE TO PARENT/STUDENT LEVEL ONE COMPLAINT
DENYING REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having considered the complaint we discussed in our Level One conference on _____(date), I have decided on the following response:

For the following reasons, I am unable to provide the remedy you seek:

(Signature of supervisor, principal, or other appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.

HENDERSON ISD
RESPONSE TO PARENT/STUDENT LEVEL ONE COMPLAINT
PARTIAL REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having considered the complaint we discussed in our Level One conference on _____(date), I have decided on the following response:

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

(Signature of supervisor, principal, or other appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.

HENDERSON ISD
RESPONSE TO PARENT/STUDENT LEVEL ONE COMPLAINT
GRANTING REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having considered the complaint we discussed in our Level One conference on _____(date), I have decided on the following response:

I will take the following actions to grant the remedy you seek for your complaint:

(Signature of supervisor, principal, or other appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.

HENDERSON ISD
PARENT/STUDENT APPEAL NOTICE - LEVEL TWO

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in **FNG(LOCAL)**. Appeals will be heard in accordance with **FNG(LEGAL)** and **(LOCAL)** or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number (_____) _____ Cell Phone(_____) _____

3. Campus _____

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name _____

Address _____

Telephone number (_____) _____ Cell Phone(_____) _____

5. To whom did you present your complaint at Level One? _____

Date of conference _____

Date you received a response to the Level One conference _____

6. Please explain specifically how you disagree with the outcome at Level One.

7. Attach a copy of your original complaint and any documentation submitted at Level One.

8. Attach a copy of the Level One response being appealed, if applicable.

Signature of complainant _____

Signature of complainant's representative _____

Date of filing _____

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HENDERSON ISD
RESPONSE TO PARENT/STUDENT LEVEL TWO APPEAL
DENYING REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having considered the appeal you presented at Level Two on
_____ (date), I have decided on the following response:

I am unable to grant your appeal. I will uphold the decision made at Level One by
_____ (name) and communicated to you in the Level One
response.

Superintendent (or designee)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.

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HENDERSON ISD
RESPONSE TO PARENT/STUDENT LEVEL TWO APPEAL
PARTIAL REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having considered the appeal you presented at Level Two on _____
(date), I have decided on the following response:

Although I am unable to fully grant your appeal, I have instructed
_____ (name) to take the following actions as a partial
remedy to your complaint:

Superintendent (or designee)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.

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HENDERSON ISD
RESPONSE TO PARENT/STUDENT LEVEL TWO APPEAL
GRANTING REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having considered the appeal you presented at Level Two on
_____ (date), I have decided on the following response:

I wish to grant your appeal and have instructed _____ (name) to
find a resolution in keeping with the remedy you seek.

Superintendent (or designee)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.

HENDERSON ISD
PARENT/STUDENT APPEAL NOTICE – LEVEL THREE

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Superintendent or designee within the time established in **FNG(LOCAL)**. Appeals will be heard in accordance with **FNG(LEGAL)** and **(LOCAL)** or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number (_____) _____ Cell Phone(_____) _____

3. Campus/Department _____

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name _____

Address _____

Telephone number (_____) _____ Cell Phone(_____) _____

5. To whom did you present your complaint at Level Two? _____

Date of conference _____

Date you received a response to the Level Two conference _____

6. Please explain specifically how you disagree with the outcome at Level Two.

7. Do you want the Board to hear this appeal in open session? ____ Yes ____ No
If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

8. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

9. Attach a copy of the Level Two response being appealed, if applicable.

Signature of complainant _____

Signature of complainant's representative _____

Date of filing _____

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HENDERSON ISD
PARENT/STUDENT APPEAL NOTICE FROM BOARD - LEVEL THREE
DENYING REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on _____(date).

We have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two.

Sincerely,

*President of the Board of Trustees
Henderson Independent School District*

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HENDERSON ISD
RESPONSE TO PARENT/STUDENT LEVEL THREE APPEAL
PARTIAL REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on _____(date).

We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

Sincerely,

*President of the Board of Trustees
Henderson Independent School District*

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RESPONSE TO PARENT/STUDENT LEVEL THREE APPEAL
GRANTING REMEDY

Date: _____

To: _____

Address: _____

Dear _____:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on _____(date).

We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

Sincerely,

*President of the Board of Trustees
Henderson Independent School District*