STUDENT/PARENT 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 fifteen days of the date that the parent or student knew of the decision or action giving rise to the complaint. All complaints will be heard in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name__________________________________________________________

2. Address__________________________________________________________

3. Telephone number (___)__________________________________________

4. Campus__________________________________________________________

5. If you will be represented in voicing your complaint, please identify the person representing you.
   Name ____________________________________________________________
   Address __________________________________________________________________
   Telephone number (___)____________________________________________

6. Please describe the decision or circumstances causing your complaint (Give specific factual details).
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

7. What was the date of the decision or circumstances causing your complaint? __________________________
8. Please explain how you have been harmed by this decision or circumstance.
___________________________________________________________________
___________________________________________________________________

9. 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? ________________

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

Student or parent signature ________________________________

Signature of student's or parent's representative ________________________________

Date of filing ________________________________

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling 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.

Revised: 11/2012