

**HUNTSVILLE INDEPENDENT SCHOOL DISTRICT**  
**DISPUTE RESOLUTION FORM**

[Refer to Board Policy FNG(LOCAL) for procedures and requirements]

LEVEL:

1. Principal or designee
2. Regional Superintendent or designee
3. Board of Education

STUDENT'S/PARENT'S NAME: \_\_\_\_\_

Home Phone: \_\_\_\_\_

STUDENT'S/PARENT'S ADDRESS: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Name, address, telephone and email address of representative, if any: \_\_\_\_\_

Date Concern/Dispute Occurred: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Statement of Concern/Dispute:

(Include citation of statute, Board policy or District practice allegedly violated.)

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STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG  
(EXHIBIT)

\_\_\_\_\_  
Signature of Principal/designee      Date  
(Return original form to student/parent. Retain a  
copy for your file.)

\_\_\_\_\_  
I do not accept the above decision and am referring it to the next level.  
(Submit a copy to the Employee Relations Department.)

\_\_\_\_\_  
Signature of Student/Parent      Date

**LEVEL II:**

1. Date received by Regional Superintendent: \_\_\_\_\_
2. Disposition by Regional Superintendent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/designee      Date  
(Return original form to student/parent. Retain a  
copy for your file. Submit a copy to the  
Employee Relations Department.)

\_\_\_\_\_  
I do not accept the above decision and am referring it to the next level.  
(Submit a copy to Board Services.)

\_\_\_\_\_  
Signature of Student/Parent      Date

\_\_\_\_\_

STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG  
(EXHIBIT)

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**LEVEL III:**

Date received by Board Services: \_\_\_\_\_