

STUDENT RIGHTS AND RESPONSIBILITIES

**FNG (LOCAL)
(Exhibit A)**

**Tuloso-Midway Independent School District
Student/Parent Complaint Form
Level I**

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.

Student Name: _____	Parent(s): _____
Grade Level: _____	Address: _____
Campus: _____	City: _____ Zip: _____
	Phone: _____

Describe the decision or circumstances causing your complaint: *(Please include dates, time, locations, persons present, substance of statement or conversations, etc. Be as factual as possible. Additional pages may be used, if necessary.)*

Date of Circumstance causing your complaint: _____

Level I – Student/Parent Complaint

<p>Explain how you have been harmed by this decision or circumstance.</p>	<p>Describe any informal efforts you have made to resolve your complaint (e.g., met with teacher, talked with principal).</p> <hr/> <p>With Whom: _____ Date: _____</p>
<p>State what specific remedy or resolution you are requesting for this complaint.</p>	
<p>Signature of Person Initiating Complaint</p>	<p>Date of filing:</p>

For Administrative Use Only	
Date Received:	Administrator Assigned:

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.

TULOSO-MIDWAY ISD
178912

STUDENT RIGHTS AND RESPONSIBILITIES

**FNG (LOCAL)
(Exhibit C)**

**Tuloso-Midway Independent School District
Student/Parent Complaint Form
Level III**

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.

Student Name: _____	Parent(s): _____
Grade Level: _____	Address: _____
Campus: _____	City: _____ Zip: _____
	Phone: _____

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

Name:	Address:	Phone () _____ Fax () _____
To whom did you present your complaint at Level Two?	Date of Conference:	Date you received a response to the Level Two Conference:

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

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Attach a copy of your original complaint and any documentation submitted at Level Two.	Attach a copy of the Level Two Response being appealed, if applicable.
Signature of Complainant:	Signature of Complainant's representative:
Date of Filing:	

TULOSO-MIDWAY ISD
178912

**PERSONNEL MANAGEMENT RELATIONS
EMPLOYEE COMPLAINTS**

**DGBA (LOCAL)
(Exhibit A)**

**Tuloso-Midway Independent School District
Employee Complaint Form
Level I**

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 DGBA (LOCAL). All complaints will be heard in accordance with DBGA (LEGAL) and (LOCAL) or any exceptions outlined therein.

<p>Employee Name: _____</p> <p>Subject Level: _____</p> <p>Campus: _____</p>	<p>_____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: _____</p>
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Describe the decision or circumstances causing your complaint: *(Please include dates, time, locations, persons present, substance of statement or conversations, etc. Be as factual as possible. Additional pages may be used, if necessary.)*

Date of Circumstance causing your complaint: _____

TULOSO-MIDWAY ISD
178912

**PERSONNEL MANAGEMENT RELATIONS
EMPLOYEE COMPLAINT**

**DGBA (LOCAL)
(Exhibit C)**

**Tuloso-Midway Independent School District
Employee Complaint Form
Level III**

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 DBGA (LOCAL). Appeals will be heard in accordance with DBGA (LEGAL) and (LOCAL) or any exceptions outlined therein.

Employee Name: _____	_____
Subject Level: _____	Address: _____
Campus: _____	City: _____ Zip: _____
	Phone: _____

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

Name:	Address:	Phone () _____ Fax () _____
To whom did you present your complaint at Level Two?	Date of Conference:	Date you received a response to the Level Two Conference:

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

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Attach a copy of your original complaint and any documentation submitted at Level Two.	Attach a copy of the Level Two Response being appealed, if applicable.
Signature of Employee:	Signature of Employee's representative:
Date of Filing:	

TULOSO-MIDWAY ISD
178912

PUBLIC COMPLAINTS

**GF (LOCAL)
(Exhibit A)**

**Tuloso-Midway Independent School District
Public Complaint Form
Level I**

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 GF (LOCAL). All complaints will be heard in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____

Describe the decision or circumstances causing your complaint: *(Please include dates, time, locations, persons present, substance of statement or and conversations, etc. Be as factual as possible. Additional pages may be used, if necessary.)*

Date of Circumstance causing your complaint: _____

Level I – Public Complaint

<p>Explain how you have been harmed by this decision or circumstance.</p>	<p>Describe any informal efforts you have made to resolve your complaint (e.g., met with administrator).</p>
<p>With Whom: _____ Date: _____</p>	
<p>State what specific remedy or resolution you are requesting for this complaint.</p>	
<p>Signature of Person Initiating Complaint</p>	<p>Date of filing:</p>

<p>For Administrative Use Only</p>	
<p>Date Received:</p>	<p>Administrator Assigned:</p>

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.

TULOSO-MIDWAY ISD
178912

PUBLIC COMPLAINT

**GF (LOCAL)
(Exhibit B)**

**Tuloso-Midway Independent School District
Public Complaint Form
Level II**

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 GF (LOCAL). Appeals will be heard in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name: _____		
Address: _____		City: _____
Zip: _____		
Phone: _____		
To whom did you present your complaint at Level One?	Date of Conference:	Date you received a response to the Level One Conference:
Please explain specifically how you disagree with the outcome at Level One.		

Attach a copy of your original complaint and any documentation submitted at Level One.	Attach a copy of the Level One Response being appealed, if applicable.
Signature of Complainant:	Date of Filing:

For Administrative Use Only	
Date Received:	Administrator Assigned:

TULOSO-MIDWAY ISD
178912

PUBLIC COMPLAINT

**GF (LOCAL)
(Exhibit C)**

**Tuloso-Midway Independent School District
Public Complaint Form
Level III**

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 GF (LOCAL). Appeals will be heard in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

Name: _____		
Address: _____ City: _____ Zip: _____		
Phone: _____		
If you will be represented in voicing your appeal, please identify the person representing you.		
Name:	Address:	Phone () _____ Fax () _____
To whom did you present your complaint at Level Two?	Date of Conference:	Date you received a response to the Level Two Conference:
Please explain specifically how you disagree with the outcome at Level Two.		

Attach a copy of your original complaint and any documentation submitted at Level Two.	Attach a copy of the Level Two Response being appealed, if applicable.
Signature of Complainant:	Signature of Complainant's representative:
Date of Filing:	