

STUDENT RIGHTS AND RESPONSIBILITIES  
STUDENT AND PARENT COMPLAINTS/GRIEVANCES

FNG  
(EXHIBIT)

The following are the forms to be used by the District.

- Exhibit A: Student/Parent Complaint Form - Level I — 2 pages
- Exhibit B: Student/Parent Complaint Form - Level II — 2 pages
- Exhibit C: Student/Parent Complaint Form - Level III — 2 pages



EXHIBIT A

MCKINNEY INDEPENDENT SCHOOL DISTRICT  
STUDENT/PARENT COMPLAINT FORM — LEVEL I

Any student or parent who wishes to file a complaint under the rules of Board policy FNG(LEGAL) and FNG(LOCAL) must fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the student's campus principal within the time established by FNG(LOCAL). All complaints will be processed in accordance with FNG(LEGAL) and FNG(LOCAL) or any exceptions outlined therein. A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refile is timely.

Please attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, documents may be presented no later than the Level I conference. Please keep a copy of the completed form and any supporting documentation for your records.

1. Your Name: \_\_\_\_\_
2. Student Name: \_\_\_\_\_
3. Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
4. Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
5. Campus: \_\_\_\_\_
6. Have you spoken with any District employee regarding this concern? \_\_\_\_\_
7. If yes, what is the name of that employee? \_\_\_\_\_
8. If you will be represented in voicing your complaint, who will represent you?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_
9. Please state the date of the event or series of events causing the complaint:  
\_\_\_\_\_
10. Please state your complaint. (Include information about the individual harm alleged.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. Please state specific facts of which you are aware to support your complaint. (List in detail.)

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12. Please state the remedy you seek for this complaint.

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Signature of person who is filing the complaint: \_\_\_\_\_

Date: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Has the date for filing your complaint been extended by mutual consent? If so, who granted the extension and on what date? \_\_\_\_\_

Complaint form received by: \_\_\_\_\_

Date of filing received: \_\_\_\_\_

Method of filing: \_\_\_\_\_

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**(Notation by supervisor receiving this form)**

EXHIBIT B

MCKINNEY INDEPENDENT SCHOOL DISTRICT  
STUDENT/PARENT COMPLAINT FORM — LEVEL II  
NOTICE OF APPEAL

This form must be filled out completely by the person appealing a Level I complaint decision at Level II in accordance with Board policy FNG(LEGAL) and FNG(LOCAL) and given to the Superintendent or designee.

1. Your Name: \_\_\_\_\_
2. Student Name: \_\_\_\_\_
3. Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
4. Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
5. Campus: \_\_\_\_\_
6. Name of supervisor/administrator whose complaint decision you are appealing:  
\_\_\_\_\_
7. Date you received the complaint: \_\_\_\_\_  
Decision you will be appealing: \_\_\_\_\_
8. If you will be represented in pursuing your complaint, please identify that individual or organization:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_
9. Attach a copy of the original complaint.
10. Attach a copy of the written complaint decision being appealed.

Signature of person who is filing the complaint: \_\_\_\_\_

Date: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Has the date for filing your appeal been extended by mutual consent? If so, who granted the extension and on what date? \_\_\_\_\_

Complaint form received by: \_\_\_\_\_

Date of filing received: \_\_\_\_\_

Method of filing: \_\_\_\_\_

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**(Notation by Superintendent or person receiving this form for the Superintendent)**

EXHIBIT C

MCKINNEY INDEPENDENT SCHOOL DISTRICT  
STUDENT/PARENT COMPLAINT FORM — LEVEL III  
NOTICE OF APPEAL TO THE BOARD

This form must be filled out completely by the person appealing a Level II complaint decision to the Board in accordance with Board policy FNG(LEGAL) and FNG(LOCAL) and given to the Superintendent.

1. Your Name: \_\_\_\_\_
2. Student Name: \_\_\_\_\_
3. Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
4. Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
5. Campus: \_\_\_\_\_
6. Name of supervisor/administrator whose complaint decision you are appealing:  
\_\_\_\_\_
7. Date you received the complaint: \_\_\_\_\_  
Decision you will be appealing: \_\_\_\_\_
8. If you will be represented in pursuing your complaint, please identify that individual or organization:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_
9. Attach a copy of the original complaint.
10. Attach a copy of the written complaint decision being appealed.

Signature of person who is filing the complaint: \_\_\_\_\_

Date: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Has the date for filing your appeal been extended by mutual consent? If so, who granted the extension and on what date? \_\_\_\_\_

Complaint form received by: \_\_\_\_\_

Date of filing received: \_\_\_\_\_

McKinney ISD  
043907

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Method of filing: \_\_\_\_\_

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**(Notation by Superintendent or person receiving this form for the Superintendent)**