

LUFKIN INDEPENDENT SCHOOL DISTRICT  
P.O. Box 1407 – Lufkin, TX 75902  
(936) 634-6696 – Fax (936) 634-8864

**STUDENT/COMPLAINT FORM – LEVEL ONE**

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the appropriate administrator within the time established by 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 \_\_\_\_\_

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

3. Campus \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

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

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\_\_\_\_\_

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 concerns and the responses to your efforts. Please include dates of communication and whom you communicated with regarding your concerns.

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

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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 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.*