

# STUDENT AND PARENT COMPLAINT PACKET



## LONGVIEW INDEPENDENT SCHOOL DISTRICT

1301 E. Young Street  
Longview, Texas 75602  
903.381.2342

[www.lisd.org](http://www.lisd.org)



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P. O. Box 3268 / Longview, Texas 75602  
(903) 381-2342 / (903) 381-2309 (Fax)  
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Dear Students and Parents:

Usually student or parent complaints or concerns can be addressed simply by a phone call or a conference with the teacher. For those complaints and concerns that cannot be handled so easily, the LISD Board of Trustees has adopted a standard complaint policy [FNG (LOCAL)]. A copy of this policy is at the end of this document.

In general, the student or parent should first discuss and file a Level One complaint with the campus principal. If unresolved, a written complaint and a request for a conference should be sent to the appropriate assistant superintendent at Level Two. If still unresolved, a written complaint and a request for a conference should be sent to the Superintendent at Level Three. If still unresolved, the District provides for the complaint to be presented to the Board of Trustees at Level Four.

You will find the forms necessary to file a complaint at each level within this document. However, it is our sincere desire that all complaints be solved promptly, at the lowest level possible, and with an equitable resolution.

## Notice Of Complaint At Level One

This form must be filled out completely by a student or parent and submitted to the appropriate Campus Administrator, in accordance with FNG (LOCAL) or any exceptions outlined therein.

1. Student's Name \_\_\_\_\_

Campus \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

2. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.

Name \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

\_\_\_\_\_

Telephone number(s) \_\_\_\_\_

3. Please state the date of the event or series of events causing your complaint.

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4. Please state your complaint, including the individual harm alleged.

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5. Please state specific facts that support your complaint (list in detail).

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

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Signature of student or parent \_\_\_\_\_

Date submitted \_\_\_\_\_

## Notice Of Complaint At Level Two

This form must be filled out completely by a student or parent appealing a Level One decision, or the lack of a timely response after a Level One conference, to the appropriate Assistant Superintendent, in accordance with FNG (LOCAL) or any exceptions outlined therein.

1. Student's Name \_\_\_\_\_

Campus \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

2. To whom did you last present your complaint? \_\_\_\_\_

Date of Conference \_\_\_\_\_

3. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.

Name \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

4. Please identify specifically what you disagree with in the Level One response and/or decision.

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5. Please identify the issues that you think should be addressed in the Level Two conference.

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

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Signature of student or parent \_\_\_\_\_

Date submitted \_\_\_\_\_

**Note:** Attach a copy of the Level One complaint.  
Attach a copy of the Level One decision being appealed, if applicable.

## Notice Of Complaint At Level Three

This form must be filled out completely by a student or parent appealing a Level Two decision, or the lack of a timely response after a Level Two conference, to the Superintendent, in accordance with FNG (LOCAL) or any exceptions outlined therein.

1. Student's Name \_\_\_\_\_

Campus \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

2. To whom did you last present your complaint? \_\_\_\_\_

Date of Conference \_\_\_\_\_

3. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.

Name \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

4. Please identify specifically what you disagree with in the Level Two response and/or decision.

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5. Please identify the issues that you think should be addressed in the Level Three conference.

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

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Signature of student or parent \_\_\_\_\_

Date submitted \_\_\_\_\_

**Note:** Attach a copy of the Level Two complaint.  
Attach a copy of the Level Two decision being appealed, if applicable.



## Notice Of Appeal To The Board At Level Four

This form must be filled out completely by a student or parent appealing a Level Three decision, or the lack of a timely response after a Level Three conference, to the Board, in accordance with FNG (LOCAL) or any exceptions outlined therein.

1. Student's Name \_\_\_\_\_

Campus \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

2. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.

Name \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

3. Please state the date of the event or series of events causing your complaint.

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4. Please state your complaint, including the individual harm alleged.

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5. Please state specific facts that support your complaint (list in detail).

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

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Signature of student or parent \_\_\_\_\_

Date submitted \_\_\_\_\_

**Note:** Attach a copy of your original Level Three complaint.  
Attach copy of the Level Three decision being appealed, if applicable.