

**CONROE INDEPENDENT SCHOOL DISTRICT
COMPLAINT FORM**

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax to 936.709.9787, email to complaints@conroeisd.net or U.S. mail to Conroe ISD, Legal Department, 3205 W. Davis, Conroe, TX 77304, within the time established in the applicable District Policy - DGBA(LOCAL) for employees; FNG(LOCAL) for parents/students; or GF(LOCAL) for citizens.

1. Name of person filing this Complaint _____

2. Complete Address, City, Zip _____

Telephone numbers: _____(hm) _____(wk) _____(cell)
Email address: _____

3. *If applicable*: Campus or Department _____ Position _____

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

Name _____
Address _____
Telephone number _____

5. Name of Person against whom this complaint is being made _____

6. Please describe the decision or circumstances causing your complaint (give specific factual details). Attach additional pages if necessary.

7. What is the date of the decision or circumstances causing your complaint?

8. Please explain how you have been harmed by this decision or circumstance.

9. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate? _____

On what date(s)? _____

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

Signature of Complainant _____

Date of filing _____

Received by _____ Date Received _____

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 supporting documentation for your records.