

**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](mailto: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.

A complaint form that is incomplete in any material way may be refiled with the District upon completion if the refiled occurs within the designated time for filing a complaint.

Attach to this form any evidence you believe will support the complaint. If the evidence is unavailable when you submit this form, it may be presented no later than the Level One conference unless you did not know the evidence existed before the Level One conference. Please keep a copy of the completed form and any supporting evidence for your records.

1. Name of person filing this complaint: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone numbers: \_\_\_\_\_(hm) \_\_\_\_\_(wk) \_\_\_\_\_(cell)

Email address: \_\_\_\_\_

3. *If applicable:* Campus or Department: \_\_\_\_\_ Position: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Email address: \_\_\_\_\_

5. Name of person against whom this complaint is being made: \_\_\_\_\_

6. What is the date of the decision or circumstances causing your complaint?  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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9. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts. Include dates of communication and whom you communicated with regarding your concern.

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

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Signature of complainant: \_\_\_\_\_

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

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_