



SCHOOL of EXCELLENCE  
in EDUCATION

## Parent/Student Compliant & Grievance Process

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### **300.120. GRIEVANCE PROCESS**

The governing body (“Board”) of SCHOOL OF EXCELLENCE IN EDUCATION adopts the following policy which shall be effective on the date that the policy is adopted by the Board and supersede any grievance policy in Employee Handbook. This policy governs student and parent complaints, employee grievances, and citizen complaints.

For purposes of this policy, “days” means school calendar days.

With the exception of a complaint against the SUPERINTENDENT, each complaint must initially be brought at the lowest level of review, at the Campus Principal Review level for employees on a school campus, and the immediate supervisor for other district employees. Complaints alleging a violation of law by a Supervisor may be made to the Superintendent or designee. Complaints alleging a violation of law by the Superintendent may be made directly to the Board of Directors or the Board’s designee.

The Board encourages all complaints to be resolved at the lowest level possible. All complaints must be submitted in writing.

#### **SECTION 1. Campus Principal Review of Complaint**

Where a(n) SCHOOL OF EXCELLENCE IN EDUCATION employee, student, guardian of a student, or a member of the public has a complaint or concern regarding SCHOOL OF EXCELLENCE IN EDUCATION, the individual shall first bring their complaint or concern in writing to the appropriate campus principal. The complaint must be brought within 15 school days of the date that the complainant knew or should have known of the alleged harm. The complaint must be specific, and where possible suggest a resolution. The principal must hear the complaint within 10 school days, attempt to remedy the complaint in the best interest of the affected parties, and document the outcome. The principal must respond to the complainant and issue a final decision in writing within 10 days of the principal’s hearing of the complaint.

**\*\*\*Level II will include District Administrator s– the process will be the same as stated in Section 1\*\*\***

#### **SECTION 2. Superintendent Review of Complaint**

If the individual bringing the complaint is not satisfied with the campus principal’s final decision, then the individual may file a written appeal to the SUPERINTENDENT of SCHOOL OF EXCELLENCE IN EDUCATION. This written appeal shall be filed with the SUPERINTENDENT’s office within 10



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days of the individual's receipt of the campus principal's final decision. The complaint shall include a copy of the written complaint to the campus principal along with a copy of the campus principal's final decision. A copy of the appeal shall also be delivered to the campus principal.

The appeal must be specific, and where possible suggest a resolution. The complaint shall not include any new issues or complaints unrelated in the original complaint expressed to the campus principal.

The Superintendent must hear the complaint within 10 school days, attempt to remedy the complaint in the best interest of the affected parties, and document the outcome. The Superintendent must respond to the complainant and issue a final decision in writing within 10 days of the Superintendent's hearing of the complaint.

### **SECTION 3. Board of Directors Review of Complaint**

If the individual bringing the complaint is not satisfied with the SUPERINTENDENT's final decision, then the individual may appeal their complaint in writing to SCHOOL OF EXCELLENCE IN EDUCATION'S Board of Directors within 10 days of receiving the SUPERINTENDENT's final decision. The complaint shall be directed to the President of the Board, and shall include a copy of the written complaint to the SUPERINTENDENT along with a copy of the SUPERINTENDENT's final decision. A copy of this appeal shall also be delivered to the SUPERINTENDENT.

The President of the Board, at the next regular or special meeting of the Board, shall provide a copy of the complaint record to all board members, and the Board will hear the complaint. The Board's decision shall be decided on a review of the record developed at the SUPERINTENDENT'S level. Any action of the Board of Directors regarding the complaint shall be taken in compliance with the Texas Open Meeting Act.

A complaint against the SUPERINTENDENT shall begin at this level of review and will be heard initially by the Board or the Board's designee.

The failure of the Board to act on a complaint by the next board meeting has the effect of upholding the SUPERINTENDENT'S decision.



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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL I**

**This form must be filled out completely by a student or parent/guardian and submitted to the appropriate Campus Administrator, in accordance with the District Board Policy or any exceptions outlined herein.**

**Section 1.** Please fill-in your contact information and the Campus/Department to which the complaint is towards.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Section 2.** If you will be represented by a Parent/Guardian or other adult in pursuing your complaint, please identify the person representing you. **(NOTE: Students must have Parent/Guardian Representation.)**

**Representative Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

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

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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL I**

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

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

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**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Personnel Date Stamp Received:**

**Personnel Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*\*Please provide copy to Student/Parent/Guardian\*\***



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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL II**

**This form must be filled out completely by a student or parent/guardian appealing a Level I decision, or the lack of a timely response after a Level One conference, to the District Administrator, in accordance with the District Board Policy or any exceptions outlined herein.**

**Section 1.** Please fill-in your contact information and the Campus/Department to which the complaint is towards.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Section 2.** If you will be represented by a Parent/Guardian or other adult in pursuing your complaint, please identify the person representing you. **(NOTE: Students must have Parent/Guardian Representation.)**

**Representative Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Section 3.** Please provide the name and date of whom you last presented your complaint?

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

**Section 4.** Please identify specifically what you disagree with in [the] Level I response and/or decision.

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\_\_\_\_\_  
\_\_\_\_\_  
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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL II**

**Section 5.** Please identify the issues that you think should be addressed in the Level II conference.

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

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**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** ATTACH COPIES OF THE LEVEL I COMPLAINT AND THE DECISION APPEALED, IF APPLICABLE.

**Office Personnel Date Stamp Received:**

**Personnel Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*\*Please provide copy to Student/Parent/Guardian\*\***



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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL III**

**This form must be filled out completely by a student or parent/guardian appealing a Level II decision, or the lack of a timely response after a Level II conference, to the Superintendent, in accordance with the District Board Policy or any exceptions outlined herein.**

**Section 1.** Please fill-in your contact information and the Campus/Department to which the complaint is towards.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Section 2.** If you will be represented by a Parent/Guardian or other adult in pursuing your complaint, please identify the person representing you. **(NOTE: Students must have Parent/Guardian Representation.)**

**Representative Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Section 3.** Please provide the name and date of whom you last presented your complaint?

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

**Section 4.** Please identify specifically what you disagree with in [the] Level II response and/or decision.

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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL III**

**Section 5.** Please identify the issues that you think should be addressed in the Level III conference.

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

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**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** ATTACH COPIES OF THE LEVEL I & II COMPLAINTS AND THE DECISIONS APPEALED, IF APPLICABLE.

**Office Personnel Date Stamp Received:**

**Personnel Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*\*Please provide copy to Student/Parent/Guardian\*\***





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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL IV**

**This form must be filled out completely by a student or parent/guardian appealing a Level III decision, or the lack of a timely response after a Level III conference, to the Board of Directors, in accordance with the District Board Policy or any exceptions outlined herein.**

**Section 1.** Please fill-in your contact information and the Campus/Department to which the complaint is towards.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Section 2.** If you will be represented by a Parent/Guardian or other adult in pursuing your complaint, please identify the person representing you. **(NOTE: Students must have Parent/Guardian Representation.)**

**Representative Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Section 3.** Please provide the name and date of whom you last presented your complaint?

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

**Section 4.** Please identify specifically what you disagree with in [the] Level III response and/or decision.

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**PARENT/STUDENT COMPLAINT FORM**

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**NOTICE OF COMPLAINT - LEVEL IV**

**Section 5.** Please identify the issues that you think should be addressed in the Level IV conference.

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

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**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** ATTACH COPIES OF THE LEVEL I, II, & III COMPLAINTS AND THE DECISIONS APPEALED, IF APPLICABLE.

**Office Personnel Date Stamp Received:**

**Personnel Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*\*Please provide copy to Student/Parent/Guardian\*\***