

**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.

A complaint form that is incomplete in any material way may be refiled with you ~~and~~ 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

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. Include dates of communication and whom you communicated with regarding your concern.

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

Signature of complainant: _____

Date of filing: _____

Received by: _____ Date received: _____