STUDENT COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the appropriate administrator within the time established in Policy FLD(LOCAL). All complaints will be heard in accordance with Policies FLD(LEGAL) and FLD(LOCAL) or any exceptions outlined therein.

1. Name: ________________________________________________________________

2. Address: _______________________________________________________________________

   Telephone number: ______________________________________________________

   E-mail address: _________________________________________________________

   MC E-mail address: (required)______________________________________________

   (All email communications will be through the student's MC email account.)

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

   Name: ________________________________________________________________

   Address: _______________________________________________________________________

   Telephone number: ______________________________________________________

   E-mail address: _________________________________________________________

4. Please describe the decision or circumstances causing your complaint (give specific factual details).

   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. What was the date of the decision or circumstances causing your complaint?

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

_____________________________________________________________________
_____________________________________________________________________

7. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and whom you communicated with regarding your concerns.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signature of complainant: ________________________________________________

Signature of complainant’s representative: ________________________________

Date of filing: ______________________________

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling 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 any supporting documentation for your records.
LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the Vice President of Student Services or Vice President of Instruction within the time established in Policy FLD(LOCAL). Appeals will be heard in accordance with Policies FLD(LEGAL) and FLD(LOCAL) or any exceptions outlined therein.

1. Name: ________________________________________________________________

2. Address: __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   Telephone number: ______________________________________________________
   MC E-mail address: (required)_____________________________________________
   (All email communications will be through the student’s MC email account.)

3. If you will be represented in presenting your appeal, please identify the person representing you.
   Name: __________________________________________________________________
   Address: __________________________________________________________________
   __________________________________________________________________
   Telephone number: ______________________________________________________
   E-mail address: _________________________________________________________

4. Who held the Level One conference? ________________________
   Date of conference: _____________________________
   Date you received a response to the Level One conference: ______________________

5. Please explain specifically how you disagree with the outcome at Level One.
   ______________________________________________________________________
   ______________________________________________________________________

6. Attach a copy of your original Level One complaint and any documentation submitted at Level One.

7. Attach a copy of the Level One response being appealed, if applicable.

Signature of complainant: ____________________________________________________
Signature of complainant’s representative: _______________________________________
Date of filing: ______________________________

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.
LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the College President or Designee within the time established in Policy FLD(LOCAL). Appeals will be heard in accordance with Policies FLD(LEGAL) and FLD(LOCAL) or any exceptions outlined therein.

1. Name: ________________________________________________________________

2. Address: ______________________________________________________________

______________________________________________________________________

Telephone number: ______________________________________________________

MC E-mail address: (required)_____________________________________________

(All email communications will be through the student’s MC email account.)

3. If you will be represented in presenting your appeal, please identify the person representing you.

Name: ________________________________________________________________

Address: ______________________________________________________________

______________________________________________________________________

Telephone number: ______________________________________________________

E-mail address: _________________________________________________________

4. Who held the Level Two conference? ________________________

Date of conference: _____________________________

Date you received a response to the Level Two conference: ______________________

5. Please explain specifically how you disagree with the outcome at Level Two.

______________________________________________________________________

______________________________________________________________________

6. Attach a copy of your original Level Two complaint and any documentation submitted at Level Two.

7. Attach a copy of the Level Two response being appealed, if applicable.

Signature of complainant: ____________________________________________________

Signature of complainant’s representative: _______________________________________

Date of filing: ______________________________

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.
LEVEL FOUR APPEAL NOTICE

To appeal a Level Three decision, or the lack of a timely response after a Level Three conference, please fill out this form completely and submit it by hand delivery, electronic communication, or U.S. mail to the College President or designee within the time established in Policy FLD(LOCAL). Appeals will be heard in accordance with Policies FLD(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: ________________________________________________________________

2. Address: ______________________________________________________________________

__________________________
Telephone number: ______________________________________________________________________

MC E-mail address: (required) _____________________________________________

(All email communications will be through the student’s MC email account.)

3. If you will be represented in presenting your appeal, please identify the person representing you.

Name: ________________________________________________________________

Address: ______________________________________________________________________

__________________________
Telephone number: ______________________________________________________________________

E-mail address: ______________________________________________________________________

4. Who held the Level Three conference? ___________________________

Date of conference: ___________________________

Date you received a response to the Level Three conference: ____________________

5. Please explain specifically how you disagree with the outcome at Level Three.

____________________________________________________________________

____________________________________________________________________

6. Do you want the Board to hear this appeal in open session?  □ Yes  □ No

If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.

7. Attach a copy of your original Level One complaint and any documentation submitted at Level One and a copy of your Level Two and Level Three appeal notices.
8. Attach a copy of the Level Three response being appealed, if applicable.

Signature of complainant: _________________________________________________________

Signature of complainant's representative: _________________________________________

Date of filing: ______________________________

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.