

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
PARENT GRIEVANCE FORM – LEVEL II**

Any parent filing a grievance must fill out this form completely and submit it to the Superintendent. All complaints will be processed in accordance with FNG (LEGAL) and (LOCAL) or any exceptions outlined therein.

\_\_\_\_\_  
Parent Name (*please print*)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Mailing Address (*please print*)

\_\_\_\_\_  
Phone(s)

To whom did you last present your grievance? \_\_\_\_\_

Date of conference: \_\_\_\_\_

If you will be represented in pursuing your grievance, please identify the individual or organization representing you:

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

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

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

Attach a copy of the original grievance and a copy of the Level I decision being appealed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Submitted

Please e-mail this form to [marla.guerra@stisd.net](mailto:marla.guerra@stisd.net) or fax it to (956) 565-9129. You may also drop it off or mail it to:

Superintendent  
Marla M. Guerra, Ed. D.  
STISD  
100 Med High Dr.  
Mercedes, TX 78570