

Form 102-A

**Student/Parental Complaint  
Level II  
Webb Consolidated ISD**

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

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

Phone: \_\_\_\_\_

Is the Level I Complaint completed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly describe the result of the Level I complaint.

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

Please state the nature of your complaint, including the individual harm alleged. Do not attach the Level I complaint form for your answer.

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

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**Webb CISD**  
**Student/Parent Complaint**

**State the specific facts that support your complaint.**

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**List any attachments you plan to include that specifically relate to your complaint.**

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**List the witnesses you intend to use.**

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Student/parent complaint

What remedy do you seek with this complaint?

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This is a Level II complaint. Please direct the form to the superintendent of schools.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date