



**BIRDVILLE INDEPENDENT SCHOOL DISTRICT**  
**COMPLAINT FORM/GRIEVANCE FORM**

To the Director of Student Services  
6125 East Belknap, Fort Worth, Texas 76117  
817-547-5700

Name of person filing this complaint: \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Statement involves complaint against whom: \_\_\_\_\_

Please state your specific complaint(s). Please describe in detail the events surrounding the complaint against the above-named person. Please include dates, times, locations, persons present, substance of statements, and conversations, etc. Please be as factual as possible. If you must express an opinion, please make it clear that you are doing so. Attach additional pages if necessary.

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

Please refer us to any persons having personal knowledge of the facts stated in this complaint.

\_\_\_\_\_

Please state the individual harm alleged and identify the person/persons alleged to be harmed if other than yourself.

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

Please state what specific relief or resolution you are requesting.

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

Please attach copies of any written documentation that may assist us in resolving this complaint.

"I affirm that the above statement is the truth to the best of my knowledge."

\_\_\_\_\_  
Signature – Person making statement      Date

\_\_\_\_\_  
Student Services Employee      Date  
Receiving Form