

STUDENT RIGHTS AND RESPONSIBILITIES:
STUDENT AND PARENT COMPLAINTS

FNG
(EXHIBIT)

EXHIBIT B

NOTICE OF COMPLAINT AT LEVEL TWO

This form must be filled out completely by a student or parent filing a Level Two complaint with the Superintendent or designee, in accordance with FNG(LOCAL) or any exceptions outlined therein.

1. Name JAMES & TAMMY KOTOWICZ (TYLER KOTOWICZ)
2. Campus WASKOM HIGH SCHOOL
3. Address 334 CHRIS CIRCLE WASKOM, TX. 75692
4. Home telephone 903-909-0013
5. To whom did you last present your complaint? Whitney Keeling - WISD Athletic Director
Date of conference 1-2-12
6. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.
Name TAMMY & JAMES KOTOWICZ
Address 334 CHRIS CIRCLE
WASKOM TX. 75692
Telephone number 903-909-0013
7. Please state the date of the event or series of events causing your complaint.
9-27-11 12-2-11
8. Please state your complaint, including the individual harm alleged.
A FAILED DRUG TEST. WE HAVE PROOF THAT
HE (TYLER) HAS NO DRUGS IN HIS SYSTEM - Questioning
9. Please state specific facts that support your complaint (list in detail). Removed from the Athletic Program (vermo)
DRUG TEST TAKEN ON 9/28/11, DRUG TEST TAKEN 12-8-11,
DRUG TEST TAKEN 12/38/11 HAIR FOLICEL TEST
10. Please state the remedy you seek for this complaint.
REMOVE POSITIVE TEST RESULTS FROM HIS
RECORD
11. Attach a copy of the Level One decision.

[Signature]
Student or parent signature

1-3-12
Date submitted