

STUDENT RIGHTS AND RESPONSIBILITIES:  
STUDENT AND PARENT COMPLAINTS

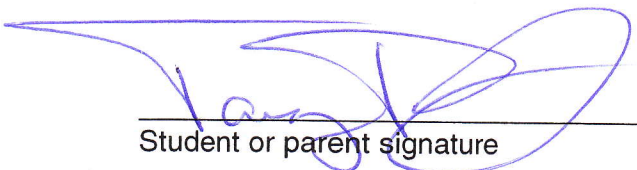
FNG  
(EXHIBIT)

EXHIBIT D

NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE

This form must be filled out completely by a student or parent appealing a Level Two decision to the Board, 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 this complaint? Jimmy E. Cox - WISD Supt.  
Date of conference 1-3-12
6. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.  
Name attached  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_
7. Attach a copy of your original Level Two complaint.
8. Attach copies of the Level One and Level Two decisions.

  
Student or parent signature

1-3-12  
Date submitted

EXHIBIT D

NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE

This form must be filled out completely by a student or parent appealing a Level Two decision to the Board, in accordance with FNG(LOCAL) or any exceptions outlined therein.

1. Name \_\_\_\_\_
2. Campus \_\_\_\_\_
3. Address \_\_\_\_\_
4. Home telephone \_\_\_\_\_
5. To whom did you last present this complaint? \_\_\_\_\_

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

6. If you will be represented by a parent or other adult in pursuing your complaint, please identify the person representing you.

1 Name Stephanie C Drygas

Address 2223 Old Myndem Rd #A-2

Bossier City, La 71111

Telephone (318) 740-7323

7. Attach a copy of your original Level Two complaint.
8. Attach copies of the Level One and Level Two decisions.

Student or parent signature

Date submitted

② Jesslynn Langbein  
126 Sunset Lane  
Deridder, La. 70634  
(337) 396-9432



Requesting Agency:  
 Complete Lab Solutions  
 2223 Old Minden Rd Bldg A2  
 Bossier City, LA, 71112  
 Telephone: 318-746-7323

LAN#: 01121639  
 Specimen ID: 1514429  
 Reason For Test: Other  
 Date Collected: 12/28/2011  
 Date Received: 12/30/2011  
 Date Reported: 12/30/2011

Donor ID: Kotowicz, Tyler SSN: 231-71-7026

**Test(s) Requested: Hair 5 Drug Panel**

The standard Hair 5 Drug Panel Test includes the testing of the 5 major drug classes.

These include:

- Amphetamines - Methamphetamine, Ecstasy (MDMA), MDA
- Cocaine - Cocaine/Cocaine Metabolites
- Opiates - Codeine, Morphine, Heroin Metabolite
- Phencyclidine(PCP)
- THC Metabolite(Marijuana)

Drugs Tested For	Result	Screening ELISA Cut off <i>picograms per milligram</i>	Confirmation Cut off <i>picograms per milligram</i>
Amphetamines	Negative	500 pg/mg	500 pg/mg
Cocaine/Metabolites	Negative	500 pg/mg	500 pg/mg
Opiates	Negative	300 pg/mg	300 pg/mg
Phencyclidine	Negative	300 pg/mg	300 pg/mg
THC Metabolite	Negative	1.00 pg/mg	0.30 pg/mg

**Hair 5 Drug Panel Test Result(s)**  
**Negative**  
 A negative result indicates that none of the drugs listed above were detected at a concentration greater than their listed cutoff levels.

**REPORT NOTATIONS**

1.5 inches in length (approximately 0-90 day time frame)

Certified By: Patrick Minno  
 Omega Result Report REV 09.17

Dave Engelhart, Ph.D  
 Laboratory Director

1514429

2295

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Requesting Agency, I.D. No.

B. MRO Name, Address, Phone and

Complete Lab Solutions ID# 2295  
2223 Old Minden Rd Bldg A2  
Bossier City, LA, 71112  
318-746-7323  
FAX: 1-318-746-0611

C. Donor Name

[Grid containing handwritten name: KUTOWICZ, TYNIAK]

(Last, First, Middle)

Donor SSN or Employee I.D. No.

[Grid containing handwritten SSN: 231111000]

D. Reason for Test:

- Pre-employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other (specify)

E. Drug Tests to be Performed:

- Hair 5-Drug Panel, Hair 5 Drug Panel + Extended Opiates, Other (specify)

F. Collection Site Address:

Complete Lab Solutions ID# 2295  
2223 Old Minden Rd Bldg A2  
Bossier City, LA, 71112  
318-746-7323  
FAX: 1-318-746-0611

STEP 2: COMPLETED BY COLLECTOR

HEAD HAIR

BODY

REMARKS

STEP 3: Collector affixes seal to pouch, Donor initials and dates seal, Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section in STEP 5 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

[Signature of Collector]

Signature of Collector

2:30 AM

Time of Collection

12/28/11

Date (Mo./Day/Yr.)

SPECIMEN RELEASED TO:

COURIER

Name of Delivery Service Transferring Specimen to Lab

DO NOT WRITE IN THIS SECTION. FOR LABORATORY USE ONLY.

RECEIVED AT LAB:

[Signature of Accessioner]

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Specimen Seal Intact

- Yes, No, Enter Remark Below

SPECIMEN RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; the specimen used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to the Specimen Hair Pouch is correct.

[Signature of Donor]

Signature of Donor

TYNIAK KUTOWICZ

(PRINT) Donor's Name (First, MI, Last)

12/28/11

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No. 903 909 0013

Date of Birth 1/6/94

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

- NEGATIVE, POSITIVE, TEST CANCELLED

REMARKS

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

LESS HARD - YOU ARE MAKING MULTIPLE COPIES