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.

- Name JAMES + TAMMY Kotowicz 1. 14en
- Waskom 2. Campus School
- Chris Circle 334 3. Address Waskom, TX. 75692
- 903-909-0013 4. Home telephone _____

To whom did you last present this complaint? Jimmy E. Cox-WISD Sup 5. 1-3-12 Date of conference

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

Name

Address

Telephone

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

rac)

Student or parent signature

Date submitted

STUDENT RIGHTS AND RESPONSIBILITIES: STUDENT AND PARENT COMPLAINTS

FNG (EXHIBIT)

Rd #A-Z

On

7111

10

 ∂

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.

/	Name	

Address

Telephone

7. Attach a copy of your original Level Two complaint.

Х

8. Attach copies of the Level One and Level Two decisions.

1			_
	Student or parent signature	Date submitted	
	(D) Jesslynn La		
	> 126 Sunset 1	-ane	
	Deridder, La	" 701, RU	
	(33) 396-9 DATE ISSUED: 06/07/2000	432	
	UPDATE 17	1 of 1	
	FNG (EXHIBIT)–RRM		

12/30/2011 6:33 PM FROM: Omega Laboratories TO: 1-318-746-0611 PAGE: 003 OF 003

Requesting Agency:		EGA		01121639
Complete Lab Solutions			Specimen ID:	1514429
2223 Old Minden Rd Bldg A2			Reason For Test:	Other
Bossier City, LA, 71112			Date Collected:	12/28/2011
Telephone: 318-746-7323			Date Received:	12/30/2011
1 elephone. 310-140-1323			Date Reported:	12/30/2011
Donor ID: Kotowicz, Tyler	SSN:	231-71-7026		
3				

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 1	Confirmation Cut off
		picograms per milligram	picograms per milligram
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

Omena Laboratories Inc. - 400 N Cleveland Ave. - Modadore OH 44280

NON FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

1514429

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE	in the second	
A. Requesting Agency, I.D. No. Complete Lab Solutions ID# 2295	B. MRO Name, Add	rooo Dha
2223 Old Minden PLOY 2295	- third Name, Auc	iress, Phone and
2223 Old Minden Rd Bldg A2		
Bossier City, LA, 71112 318-746-7323		
FAX: 1-318-746-0611		
(04, 1-318-746-0611		
C. Donor Name	£	
(Last, First, Middle)	14-211	NIER
A.	()	
Donor SSN or Employee I.D. No.	10	
D. Reason for Test:		
	easonable Suspicion/Cause	
Drug Tosta ta la T	Other (space)	a root Abbident
. Drug Tests to be Performed:		
Collection Site Address:	anel + Extended Opiates	Other (specify)
Complete Lab Solutions ID# 2295		
2223 Old Minden Rd Bldg A2		and an and the second second
Bossier City, LA, 71112 318-746-7323		
FAX: 1-318-746-0611		¥4
P 2: COMPLETED BY COLLECTOR		
HEAD HAIR DRODY	-	
P.3: Collector officer of		
P 3: Collector affixes seal to pouch, Donor initials and dates seal, Donor comp P 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETER	plates OTER -	
P 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED ordance with applicable requirements by the donor identified in the certification section in STEL ordance with applicable requirement.	BVIARODATODA	
ordance with applicable requirements	P 5 of this form was salved	
intrify that the specifinen given to me by the donor identified in the certification section in STER	CDECINATAL DOMECTEC, 1	apeled; sealed and released to the Delivery Service noted in
Signature of Collector	SPECIMEN RELEASE	DTO:
	COURIER	
(PRINT) Collector's Name (First, MI, Last)		
Determine a series (1) in the series (1)		
NOT WRITE IN THIS SECTION. FOR LABORATORY LICE ONLY	Name of I	Delivery Service Transferring Specimen to Let
NOT WHITE IN THIS SECTION, FOR LABORATORY USE ONLY	Name of I	Delivery Service Transferring Specimen to Lab
NOT WRITE IN THIS SECTION. FOR LABORATORY USE ONLY		
CEIVED AT LAB:	Specimen	SPECIMEN RELEASED TO:
CEIVED AT LAB:	Specimen Seal Intact	
CEIVED AT LAB:	Spiecimen Seal Intact	
CEIVED AT LAB:	Specimen Seal Intact	
CEIVED AT LAB: Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) 5: COMPLETED BY DONOR	Specimen Seal Intact	SPECIMEN RELEASED TO:
CEIVED AT LAB: Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) S: COMPLETED BY DONOR Certify that L provided mutual and	Specimen Seal Intact	SPECIMEN RELEASED TO:
CEIVED AT LAB: Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) CEIVED BY DONOR Certify that L provided muscular	Specimen Seal Intact	SPECIMEN RELEASED TO:
CEIVED AT LAB: Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) CEIVED BY DONOR Certify that L provided mutual accessioner	Specimen Seal Intact	SPECIMEN RELEASED TO:
CEIVED AT LAB: Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) S: COMPLETED BY DONOR certify that I provided my specimen to the collector; that I have not adulterated eai fn my presence; and that the information provided on this form and on the law	Specimen Seal Intact	SPECIMEN RELEASED TO:
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) Signature of Accessioner's that I have not adulterated adulterated and provided my specimen to the collector; that I have not adulterated on the last of Donor Signature of Donor	Specimen Seal Intact	SPECIMEN RELEASED TO:
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) CEIVED AT LAB: (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) S: COMPLETED BY DONOR certify that I provided my specimen to the collector; that I have not adulterated adulterated Signature of Donor Signature of Donor (PRINT) (PRIN	Specimen Seal Intact	SPECIMEN RELEASED TO:
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of the collector; that I have not adulterated certify that I provided my specimen to the collector; that I have not adulterated Signature of Donor Signature of Do	Specimen Seal Intact	SPECIMEN RELEASED TO:
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Donor (PRINT) Signature of Donor (PRINT) Signature of Donor's name (First, MI, Last) Signature of Donor'	Specimen Seal Intact	SPECIMEN RELEASED TO:
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Certify that I provided my specimen to the collector; that I have not adulterated certify that I provided my specimen to the collector; that I have not adulterated Signature of Donor aytime Phone No. COMPLETED BY MEDICAL REVIEW OFFICIER	Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) COMPLETED BY DONOR Determine the information provided on this form and on the laboration provided on	Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) CEIVED AT LAB: (PRINT) Accessioner's Name (First, MI, Last) Certify that I provided my specimen to the collector; that I have not adulterated my specimen to the collector; that I have not adulterated peak my presence; and that the information provided on this form and on the last signature of Donor aytime Phone No. () Evening Phone No. () COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN Coordance with applicable requirements, my determination/verification	Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Certify that I provided my specimen to the collector; that I have not adulterated my presence; and that the information provided on this form and on the last in my presence; and that the information provided on this form and on the last in my presence; and that the information provided on this form and on the last is signature of Donor aytime Phone No. () Evening Phone No. () COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN Coordance with applicable requirements, my determination/verification.	Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner's that I have not adulterated (PRINT) Accessioner's Name (First, MI, Last) Signature of Donor (PRINT) Accessioner's Accessioner's that I have not adulterated (PRINT) Accessioner's Accessioner's that I have not adulterated Signature of Donor (PRINT) Accessioner's Accessi	Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) S: COMPLETED BY DONOR certify that I provided my specimen to the collector; that I have not adulterated my presence; and that the information provided on this form-and on the la Signature of Donor aytime Phone No. (Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Certify that I provided my specimen to the collector; that I have not adulterated certify that I provided my specimen to the collector; that I have not adulterated Signature of Donor aytime Phone No. (Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Signature of Accessioner (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) S: COMPLETED BY DONOR Certify that I provided my specimen to the collector; that I have not adulterated Signature of Donor aytime Phone No. () Evening Phone No. () COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN Cordance with applicable requirements, my determination/verification in NEGATIVE □ POSITIVE □ TEST CANCELLED	Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime Sector (Eirst, MI, Last)	SPECIMEN RELEASED TO: imen used was sealed with a tamper-evident n Hair Pouch is correct. 2, 2, 8, 1 Date of Birth 1, 4, 7, 7, 7
Signature of Accessioner / (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) 5: COMPLETED BY DONOR Pertify that I provided my specimen to the collector; that I have not adulterated Partify that I provided my specimen to the collector; that I have not adulterated Signature of Donor Partify that I provided my specimen to the collector; that I have not adulterated Signature of Donor (PRINT) Presence; and that the information provided on this form; and on the law Signature of Donor (PRINT) Presence; and that the information provided on this form; and on the law Signature of Donor (PRINT) Presence; and that the information provided on this form; and on the law Signature of Donor (PRINT) Presence; and that the information provided on this form; and on the law Signature of Donor (PRINT) Presence; and that the information provided on this form; and on the law Signature of Medical Review Officer	Specimen Seal Intact	SPECIMEN RELEASED TO:
Signature of Accessioner	Specimen Seal Intact	SPECIMEN RELEASED TO:
Signature of Accessioner / / / Signature of Accessioner / / / (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) 5: COMPLETED BY DONOR Certify that I provided my specimen to the collector; that I have not adulterated and my presence; and that the information provided on this form-and on the last of Donor Signature of Donor (PRINT) Completed By MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN Coordance with applicable requirements, my determination/verification in the last of the provided in the provided in the last of the provided in the pro	Specimen Seal Intact Seal Intact No, Enter Remark Below It in any manner; the spec abel affixed to the Specime ADD (DDD) NT).Donor's Name (Eirst, MI, Last)	SPECIMEN RELEASED TO: