

**Eanes Independent School District  
Public Complaints**

NOTICE OF COMPLAINT AT LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the appropriate administrator within the time established in Board Policy GF(LOCAL). All complaints will be heard in accordance with Board Policies GF(LEGAL) and (LOCAL) or any exceptions outlined therein. Use additional pages if necessary and attach any documents you would like considered.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

3. If you will be represented in your complaint, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

4. Please describe the decision or circumstances causing your complaint (give specific factual details).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What was the date of the decision or circumstances causing your complaint?

\_\_\_\_\_

6. Please explain how you have been harmed by this decision or circumstance.

\_\_\_\_\_

\_\_\_\_\_

7. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

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With whom did you communicate? \_\_\_\_\_

On what date? \_\_\_\_\_

8. Please describe the outcome or remedy you seek for this complaint.

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Signature of complainant \_\_\_\_\_

Signature of complainant's representative \_\_\_\_\_

Date of filing \_\_\_\_\_

**Eanes Independent School District  
Public Complaints**

NOTICE OF APPEAL TO THE SUPERINTENDENT AT LEVEL TWO

This form must be filled out completely by a member of the public appealing a Level One decision, in accordance with Board Policy GF(LOCAL). Appeals will be heard in accordance with Board Policies GF(LEGAL) and (LOCAL) or any exceptions outlined therein. Use additional pages if necessary and attach any documents you would like considered.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

3. If you will be represented in your appeal, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

4. To whom did you present your complaint at Level One? \_\_\_\_\_

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

Date you received a response to the Level One conference \_\_\_\_\_

5. Please explain specifically how you disagree with the outcome at Level One.

\_\_\_\_\_

\_\_\_\_\_

6. Attach a copy of your original complaint and any documentation submitted at Level One.

7. Attach a copy of the Level One response being appealed, if applicable.

Signature of complainant \_\_\_\_\_

Signature of complainant's representative \_\_\_\_\_

Date of filing \_\_\_\_\_

**Eanes Independent School District  
Public Complaints**

NOTICE OF APPEAL TO THE SUPERINTENDENT AT LEVEL THREE

This form must be filled out completely by a member of the public appealing a Level Two decision, in accordance with Board Policy GF(LOCAL). Appeals will be heard in accordance with Board Policies GF(LEGAL) and (LOCAL) or any exceptions outlined therein. Use additional pages if necessary and attach any documents you would like considered.

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number (\_\_\_\_) \_\_\_\_\_

3. If you will be represented in your appeal, please identify the person representing you.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone number (\_\_\_\_) \_\_\_\_\_

4. To whom did you present your appeal at Level Two? \_\_\_\_\_

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

Date you received a response to the Level Two conference \_\_\_\_\_

5. Please explain specifically how you disagree with the outcome at Level Two.

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

6. Do you want the Board to hear this appeal in open session? \_\_\_\_\_

*If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.*

7. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

8. Attach a copy of the Level Two response being appealed, if applicable.

Signature of complainant \_\_\_\_\_

Signature of complainant's representative \_\_\_\_\_

Date of filing \_\_\_\_\_