PUBLIC COMPLAINT FORM — LEVEL ONE

Note: Informal resolution is encouraged but does not extend any deadlines in GF(LOCAL), except by mutual written consent*.*

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, electronic communication, or U.S. mail to the appropriate administrator within the time established in GF(LOCAL). All complaints will be heard in accordance with GF(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

   _____

   Telephone number: _____

   E-mail address: _____

   Campus: _____

3. If you will be represented in presenting your complaint, please identify the person representing you, and whether the individual will represent you in person or by telephone conference call.

   Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least 3 days, or the District may reschedule the conference or hearing to a later date.

   Name: _____

   Address: _____

   _____

   Telephone number: _____

   E-mail address: _____

   In person ☐ Telephone Call ☐

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 concerns and the responses to your efforts. Please include dates of communication and whom you communicated with regarding your concerns.

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

Signature of complainant: _____

Signature of complainant's representative: _____

Date of filing: _____

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.

PUBLIC COMPLAINT – LEVEL TWO APPEAL NOTICE

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please fill out this form completely and submit it by hand delivery, fax, electronic communication, or U.S. mail to the Superintendent or designee within the time established in GF(LOCAL). Appeals will be heard in accordance with GF(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

   _____

   Telephone number: _____

   E-mail address: _____

   Campus: _____

3. If you will be represented in presenting your appeal, please identify the person representing you, and whether the individual will represent you in person or by telephone conference call.

   Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least 3 days, or the District may reschedule the conference or hearing to a later date.

   Name: _____

   Address: _____

   _____

   Telephone number: _____

   E-mail address: _____

   In person ☐ Telephone Call ☐

4. Who held the Level One conference? _____

   Date of conference: _____

   Date a response to the Level One conference was issued: _____

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

   _____

   _____

_____

_____

6. Attach a copy of your original Level One 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: _____

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.

PUBLIC COMPLAINT – LEVEL THREE APPEAL NOTICE

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please fill out this form completely and submit it by hand delivery, fax, electronic communication, or U.S. mail to the Superintendent or designee within the time established in GF(LOCAL). Appeals will be heard in accordance with GF(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: _____

2. Address: _____

   _____

   Telephone number: _____

   E-mail address: _____

   Campus: _____

3. If you will be represented in presenting your appeal, please identify the person representing you, and whether the individual will represent you in person or by telephone conference call.

   Please note: You must designate a representative who will be participating in person or by telephone with an advance notice of at least 3 days, or the District may reschedule the conference or hearing to a later date.

   Name: _____

   Address: _____

   _____

   Telephone number: _____

   E-mail address: _____

   In person ☐ Telephone Call ☐

4. Who held the Level Two conference? _____

   Date of conference: _____

   Date a response to the Level Two conference was issued: _____

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? ☐ Yes ☐ No
   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. A final decision rests within the discretion of the District/Board.

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

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

Signature of complainant: _____

Signature of complainant's representative: _____

Date of filing: _____

Complainant, please note:

A complaint or appeal form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.