

Tidehaven ISD
Complaint Form

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 FNG (Local). All complaints will be heard in accordance with FNG (Legal) and (Local) or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number _____

3. Campus _____

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

Name _____

Address _____

Telephone number _____

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

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

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

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

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9. With whom did you communicate? _____

On what date? _____

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

11. Student or parent signature _____

Signature of student's or parent'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.

Tidehaven ISD
Response To Level One Complaint

(Date) _____

(Name of Complainant) _____

(Address of Complainant) _____

Dear _____:

Having considered the complaint we discussed in our Level One conference on _____ (date),
I have decided on the following response:

[] For the following reasons, I am unable to provide the remedy you seek:

[] I will take the following actions to grant the remedy you seek for your complaint:

[] Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

(signature of principal or other appropriate administrator)

Date

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in FNG (Local). The necessary forms are available at _____ during regular business hours.

Tidehaven ISD
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, or U.S. mail to the Superintendent or designee within the time established in FNG(Local). Appeals will be heard in accordance with FNG(Legal) and (Local) or any exceptions outlined therein.

1. Name _____
2. Address _____
3. Telephone number _____
4. Campus _____
5. If you will be represented in voicing your appeal, please identify the person representing you.
Name _____
Address _____
Telephone number _____
6. To whom did you present your complaint at Level One? _____
Date of conference _____
Date you received a response to the Level One conference _____
7. Please explain specifically how you disagree with the outcome at Level One.

8. Attach a copy of your original complaint and any documentation submitted at Level One.
9. Attach a copy of the Level One response being appealed, if applicable.
10. Student or parent signature _____
11. Signature of the student's or parent's representative _____
12. Date of filing _____

Tidehaven ISD
Response To Level Two Appeal

(Date) _____

(Name of Complainant) _____

(Address of Complainant) _____

Dear _____:

Having considered the appeal you presented at Level Two on _____ (date),
I have decided on the following response:

I am unable to grant your appeal. I will uphold the decision made at Level One by _____
and communicated to you in the Level One response.

I wish to grant your appeal and have instructed _____ to find a resolution in _____ keeping with the
remedy you seek.

Although I am unable to fully grant your appeal, I have instructed _____ to take the
following actions as a partial remedy to your complaint:

Superintendent (or designee)

Date

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in FNG (Local). The necessary forms are available at _____ during regular business hours.

Tidehaven ISD
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, or U.S. mail to the Superintendent or designee within the time established in FNG(Local). Appeals will be heard in accordance with FNG(Legal) and (Local) or any exceptions outlined therein.

1. Name _____

2. Address _____

Telephone number _____

3. Campus _____

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

Name _____

Address _____

Telephone number _____

5. To whom did you present your complaint at Level Two? _____

Date of conference _____

Date you received a response to the Level Two conference _____

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

7. Do you want the Board to hear this appeal in open session? _____

Please be aware that the Texas Open Meetings Act may prevent the Board from granting a request for open session.

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

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

Student's or parent's signature _____

Signature of the student's or parent's representative _____

Date of filing _____

Tidehaven ISD Board's Response
To Level Three Appeal

(Date) _____

(Name of Complainant) _____

(Address of Complainant) _____

Dear _____:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on _____ (date):

We have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two.

We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

Sincerely,

President of the Board of Trustees of
Tidehaven ISD

Date