HOUSTON INDEPENDENT SCHOOL DISTRICT
PUBLIC COMPLAINT FORM

[Refer to Board Policy GF(LOCAL) for procedures and requirements]

LEVEL:

1. Principal/Work Location Supervisor
2. Next Level Vertical Line Supervisor
3. Board of Education

Date Concern/Dispute Occurred: _____ Date Filed: _____

Name of Complainant: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Email Address: _____

Relationship to District (e.g., vendor, volunteer, and the like): _____

Name of Complainant's Representative, if any: _____

Phone: _____

Address: _____

City/State: _____ Zip: _____

Name(s) of District Representative(s) contacted regarding this matter:

_____

Attach any documents that support the complaint. [See GF(LOCAL)]

Statement of Concern/Dispute:
(Attach a copy of the statute or policy allegedly violated.)

Remedy Requested:

Signature of Complainant: _____ Date: _____

LEVEL I:

A. Date received by Principal/Work Location Supervisor_____

B. Disposition by Principal/Work Location Supervisor:

_____
Signature of Principal/ Work Location Supervisor Date
(Return original form to complainant. Retain copy for your file.)

I do not accept the above decision and am referring this dispute to the next level.
(Submit a copy to the Employee Relations Department.)

_____

Signature of Complainant Date

LEVEL II:

A. Date received by Next Level Vertical Line Supervisor_____

B. Disposition by Next Level Vertical Line Supervisor:

_____

Signature of Next Level Vertical Line Supervisor Date
(Return original form to complainant. Retain copy for your file. Submit a copy to the Employee Relations Department.)

I do not accept the above decision and am referring this dispute to the next level.
(Submit a copy to Board Services.)

_____

Signature of Complainant Date

LEVEL III:

A. Date received by Board Services_____