PUBLIC COMPLAINT REPORT 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 GF(Local). All complaints will be heard in accordance with GF(LEGAL) and (LOCAL) or any exceptions outline therein.

1. Name __________________________________________________________

2. Address _________________________________________________________
   _________________________________________________________________
   Telephone number (____) _________________________________________

3. If you will be represented in voicing your complaint, please identify the individual representing you.
   Name: __________________________________________________________
   Address: _________________________________________________________
   Telephone: (____) ________________________________________________

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 state 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.
   _________________________________________________________________
With whom did you communicate? 

On what date? 

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 re-filed with all the required information if the re-filing 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 REPORT FORM - LEVEL TWO

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 with the time established in GF(LOCAL). All complaints will be heard in accordance with GF(LEGAL) and (LOCAL) or any exceptions outline therein.

1. Name

2. Address


Telephone number (___)

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

Name:

Address:

Telephone: (___)

4. To whom did you present your complaint at Level One conference

Date of conference

Date you receive 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
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 with the time established in GF(LOCAL). Appeals will be heard in accordance with GF(LEGAL) and (LOCAL) or any exceptions outline therein.

1. Name

2. Address

   Telephone number (____)______________________________

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

   Name: ____________________________

   Address: ____________________________

   Telephone: (____)______________________________

4. To whom did you present your complaint at Level Two ____________________________

   Date of conference ____________________________

   Date you receive 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 the original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice

   Signature of complainant ____________________________

   Signature of complainant's representative ____________________________

   Date of filing ____________________________