

**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 complain 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 Once conference \_\_\_\_\_

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

Date you receive a response to the Level Once 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 \_\_\_\_\_