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**Note:** If you experience accessibility issues with these documents, please contact the District's Human Resources Department for assistance at (817) 399-2012 or [report the problem<sup>1</sup>](#) online.

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<sup>1</sup> HEB ISD accessibility report form: <https://www.hebisd.edu/accessibility>



## Exhibit A—Public Complaint Form—Level One

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

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To file a formal complaint, please fill out this form completely and submit it by hand delivery, 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.

*(Please print.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

If you will be represented in presenting your complaint, please identify the person representing you.

Name of representative/advocate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

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Please **briefly** explain how you have been harmed by this decision or circumstance.

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PUBLIC COMPLAINTS

GF  
(EXHIBIT)

Please **briefly** describe any efforts you have made to resolve your concerns and the responses to your efforts. Include dates of communication and with whom you communicated regarding your concerns.

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

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Complainant's signature: \_\_\_\_\_

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.*

### Exhibit B—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, 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.

*(Please print.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Name of representative/advocate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Who held the Level One conference? \_\_\_\_\_

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

Date you received a response to the Level One conference: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Complainant's signature: \_\_\_\_\_

Signature of complainant's representative: \_\_\_\_\_

Date of filing: \_\_\_\_\_

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

*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.*

### Exhibit C—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, 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.

*(Please print.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Name of representative/advocate: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Who held the Level Two conference? \_\_\_\_\_

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

Date you received a response to the Level Two conference: \_\_\_\_\_

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

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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.

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

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

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

Complainant's signature: \_\_\_\_\_

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 record*