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The forms on the following pages are provided to assist the District in processing claims from members of the public.

Exhibit A—Austin Independent School District Public Complaint—Level One
Exhibit B—Austin Independent School District Public Complaint—Level Two
Exhibit C—Austin Independent School District Public Complaint—Level Three Appeal Notice
Exhibit A—Austin Independent School District
Public Complaint—Level One

To file a formal complaint, please complete this form in its entirety and submit it by hand delivery, fax, email, 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.

1. Name ____________________________________________________________

2. Address __________________________________________________________

____________________________________________________________________

Telephone number (______)____________________________________________________________________

3. If you will have designated a representative to speak on your behalf, please identify the person representing you.

Name ____________________________________________________________

Address __________________________________________________________

____________________________________________________________________

Telephone number (______)____________________________________________________________________

4. Please describe the decision or circumstance resulting in this complaint (give specific factual details).

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

5. What was the date of the decision or action resulting in this complaint?

____________________________________________________________________

6. Please explain how you have been affected by this decision or action.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
7. Please describe any efforts you have made to resolve your complaint informally and the response to your efforts.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

With whom did you communicate? __________________________________________

On what date(s)? __________________________________________________________

8. Please describe the outcome or remedy you seek from this complaint.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature __________________________________________________________________

Signature of representative (if applicable) ______________________________________

Date of filing ______________________________________________________________

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.

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 refileing is within the designated time for filing a complaint.
Exhibit B—Austin Independent School District
Public Complaint—Level Two

To appeal a Level One decision, or the lack of a timely response after a Level One conference, please complete this form in its entirety and submit it by hand delivery, fax, email, 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 there-in.

1. Name ____________________________________________________________

2. Address __________________________________________________________

   Telephone number (______) _________________________________________

3. If you have designated a representative to speak on your behalf, please identify the person representing you.

   Name ____________________________________________________________

   Address __________________________________________________________

   Telephone number (______) _________________________________________

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

   ________________________________________________________________

   Date of conference ______________________________________________

   Date you received 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 _______________________________________________________

   Signature of representative (if applicable) ____________________________

   Date of filing ____________________________________________________
Exhibit C—Austin Independent School District Public Complaint—Level Three Appeal Notice

To appeal a Level Two decision, or the lack of a timely response after a Level Two conference, please complete this form in its entirety and submit it by hand delivery, fax, email, 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 there-in.

1. Name ____________________________________________________________

2. Address __________________________________________________________

____________________________________________________________________

Telephone number (_____) _____________________________________________

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

Name ____________________________________________________________

Address ___________________________________________________________

____________________________________________________________________

Telephone number (_____) _____________________________________________

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

____________________________________________________________________

Date of conference ___________________________________________________

Date you received 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? ________________

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

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

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