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

Exhibit A: Public Complaint-Level One — 2 pages
Exhibit B: Public Complaint-Level Two Appeal Notice — 1 page
Exhibit C: Public Complaint-Level Three Appeal Notice — 2 pages
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, 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.

   __________________________________________

   __________________________________________

   __________________________________________

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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 refiling 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, 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 ____________________________________________

DATE ISSUED: 10/23/2006
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, 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.
Austin ISD
227901

PUBLIC COMPLAINTS

Signature

Signature representative (if applicable)

Date of filing

DATE ISSUED: 10/23/2006
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GF(EXHIBIT)-X