

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

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 \_\_\_\_\_



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.

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

Signature \_\_\_\_\_

Signature representative (if applicable) \_\_\_\_\_

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