Table of Contents

Exhibit A—Student/Parent/Guardian Complaint Form—Level One
Exhibit B—Level One Response
Exhibit C—Level Two Appeal Notice
Exhibit D—Level Two Response
Exhibit E—Level Three Appeal Notice: Request for Review
Exhibit F—Level Three Response
Exhibit G—Appeal to the Board Notice
Exhibit H—Board’s Response to Level Three Appeal

This exhibit was last amended on August 21, 2019.
Exhibit A—Student/Parent/Guardian Complaint 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 principal or appropriate administrator within ten days of the time you knew or should have known of the event or series of events causing the complaint. All complaints will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: ____________________________________________________________

2. Address: _________________________________________________________

   Telephone number: (___) ____________________________________________

3. Campus: _________________________________________________________

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

   Name: ____________________________________________________________

   Address: _________________________________________________________

   Telephone number: (___) ____________________________________________

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

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

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

   ________________________________________________________________

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

   ________________________________________________________________
8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

With whom did you communicate? ___________________________________________

On what date? ________________

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student or parent/guardian signature: ________________________________________

Signature of student’s or parent's/guardian’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 One Response

_______________________________________ (date)
_______________________________________ (name of complainant)
_______________________________________ (address of complainant)

Dear _________________________:

Having considered the complaint we discussed in our Level One conference on ________________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

For the following reasons, I am unable to provide the remedy you seek:

_____________________________________________________________________

_____________________________________________________________________

I will take the following actions to grant the remedy you seek for your complaint:

_____________________________________________________________________

_____________________________________________________________________

Although I am unable to provide the full remedy you seek for your complaint, I will take the following actions to provide a partial remedy:

_____________________________________________________________________

_____________________________________________________________________

______________________________________________
(signature of principal or other appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the executive director or appropriate administrator within the time limits set in FNG(LOCAL). A copy of the appeal form is attached to this notice.
Exhibit C—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, fax, or U.S. mail to the Executive Director or next level of appropriate administrator within seven days of the response deadline or, if no response, within seven days of the response deadline. Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: ____________________________________________________________

2. Address: ____________________________________________________________

   Telephone number: (___)______________________________________________

3. Campus: ____________________________________________________________

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

   Name: ____________________________________________________________

   Address: ____________________________________________________________

   Telephone number: (___)______________________________________________

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

   Date of conference: _____________________________

   Date you received a response to the Level One conference: _________________

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

   ______________________________________________________________________

   ______________________________________________________________________

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

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

   Student or parent/guardian signature: ________________________________

   Signature of the student’s or parent’s/guardian’s representative: ____________

   Date of filing: _____________________________

DATE ISSUED: 9/6/2019
Exhibit D—Level Two Response

_______________________________________ (date)

_______________________________________ (name of complainant)

_______________________________________ (address of complainant)

Dear _________________________:

Having considered the appeal you presented at Level Two on ___________________ (date), I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

I am unable to grant your request. I will uphold the decision made at Level One by ________________________ (name) and communicated to you in the Level One response.

I wish to grant your appeal and have instructed ________________________ (name) to find a resolution in keeping with the remedy you seek.

Although I am unable to fully grant your appeal, I have instructed _______________ (name) to take the following actions as a partial remedy to your complaint:

_____________________________________

Executive Director or other administrator

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate chief within seven days following the receipt of a response or, if no response, within seven days of the response deadline. A copy of the appeal form is attached to this notice.
Exhibit E—Level Three Appeal Notice: Request for Review

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 of Schools or designee within seven days following the receipt of a response or, if no response, within seven days of the response deadline. Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name: ____________________________________________

2. Address: ____________________________________________

   Telephone number: (___)______________________________

3. Campus: ____________________________________________

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

   Name: ____________________________________________

   Address: ____________________________________________

   Telephone number: (___)______________________________

5. To whom did you present your appeal at Level Two? ________________________________

   Date of conference: ________________________________

   Date you received a response to the Level Two conference: ________________________________

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

   ________________________________________________________________________________

   ________________________________________________________________________________

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.

   Student’s or parent’s/guardian’s signature: ________________________________

   Signature of student’s or parent’s/guardian’s representative: ________________________________

   Date of filing: ________________________________
Exhibit F—Level Three Response

_______________________________________ (date)
_______________________________________ (name of complainant)
_______________________________________ (address of complainant)

Dear _________________________:

Having heard the appeal you presented at Level Three on ______________________ (date),
I have decided on the following response:

[Note: When preparing the letter, include only one of the following sentences.]

I am unable to grant your request, I will uphold the decision made at Level Two by
______________________ (name) and communicated to you in the Level Two response.

I am granting your request and have instructed ______________________ (name) to find a
resolution in keeping with the remedy you seek.

Although I am unable to fully grant your request, I have instructed
______________________ (name) to take the following actions as a partial remedy to your
complaint:


Sincerely,

_____________________________________
Superintendent of Schools or designee

Complainant, please note:

You may appeal this response to the Board. You must file a written notice of appeal within
ten days with the Office of Board Services, Turney W. Leonard Governance and Training
Center, 5151 Samuell Blvd, Dallas, Texas 75228. (972) 925-3700. Please use the form pro-
vided with this response.
Exhibit G—Appeal to the Board Notice

To appeal a Level Three decision, or the lack of a timely response after a Level Three appeal, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the Office of Board Services within ten days following the receipt of a response or, if no response, within ten days of the response deadline. Appeals will be heard in accordance with FNG(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name:__________________________________________________________
2. Address:_______________________________________________________
   __________________________________________________________________
   Telephone number: (___) ____________________________
3. Campus:________________________________________________________
4. If you will be represented in voicing your appeal, please identify the person representing you.
   Name:__________________________________________________________
   Address:_______________________________________________________
   __________________________________________________________________
   Telephone number: (___) ____________________________
5. To whom did you present your appeal at Level Three? __________________
   Date you received a response to the Level Three appeal: _________________
6. Please explain specifically how you disagree with the outcome at Level Three.
   __________________________________________________________________
7. Attach copies of your Level One, Level Two, and Level Three complaints and responses and any documentation previously submitted. Do not attach new documentation or complaints that were not considered at the previous level.

Student or parent/guardian signature: ______________________________________

Signature of student or parent/guardian representative: __________________________

Date of filing: __________________
Exhibit H—Board’s Response to Level Three Appeal

_______________________________________ (date)

_______________________________________ (name of complainant)

_______________________________________ (address of complainant)

Dear _________________________:

Having heard the presentation of your appeal and in accordance with Board policy FNG(LEGAL) and (LOCAL), the Board took the following action at its meeting on _______________ (date):

[Note: When preparing the letter or announcing the decision at the Board meeting, include only one of the following sentences.]

We have denied your request and have upheld the Level Three decision.

We have granted your request and have instructed the Superintendent of Schools to find a resolution in keeping with the remedy you seek.

We have partially denied and partially granted your request and have instructed the Superintendent of Schools as follows:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Sincerely,

__________________________________________
Dallas ISD Board of Trustees — Presiding Officer