

PUBLIC COMPLAINTS

GF
(EXHIBIT)

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

Exhibit A: Public Complaint Form — 2 pages

Exhibit B: Public Complaint Appeal Notice — 1 page

EXHIBIT A

PUBLIC COMPLAINT FORM

To file a formal complaint, please fill out this form completely 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 be represented in voicing your complaint, please identify the person representing you.

Name _____

Address _____

Telephone number (____) _____

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

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

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

PUBLIC COMPLAINTS

GF
(EXHIBIT)

7. 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? _____

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

Signature of complainant _____

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

PUBLIC COMPLAINT APPEAL NOTICE

To appeal a previous decision, or the lack of a timely response after a conference, please fill out this form completely 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 therein.

1. Name _____

2. Address _____

Telephone number (____) _____

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

Name _____

Address _____

Telephone number (____) _____

4. To whom did you present your complaint at the previous level?

Date of conference _____

Date you received a response to the previous conference _____

5. Please explain specifically how you disagree with the outcome at the previous level.

6. Attach a copy of your original complaint and any documentation submitted at the previous level.

7. Attach a copy of the previous level response being appealed, if applicable.

Signature of complainant _____

Signature of complainant's representative _____

Date of filing _____