Harlandale ISD 015904 PUBLIC COMPLAINTS

GF

(EXHIBIT)

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

Exhibit A: Public Complaint Form — Level One — 2 pages

Exhibit B: Response to Level One Complaint — 1 page

Exhibit C: Level Two Appeal Notice — 2 pages

Exhibit D: Response to Level Two Appeal — 1 page

Exhibit E: Level Three Appeal Notice — 2 pages

Exhibit F: Board's Response to Level Three Appeal — 1 page

DATE ISSUED: 1/8/2015

UPDATE 48

GF(EXHIBIT)-RRM

Note:

Informal resolution is encouraged but does not extend any deadlines in GF (LOCAL), except by mutual written consent.

PUBLIC COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, 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.

Name:
Address:
Telephone number:
E-mail address:
If you will be represented in presenting your complaint, please identify the person representing you.
Name:
Address:
Telephone number:
E-mail address:
Please describe the decision or circumstances causing your complaint (give specific factual details).
What was the date of the decision or circumstances causing your complaint?

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

6.

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	Please describe any efforts you have made to resolve your concerns and the response to your efforts. Please include dates of communication and whom you communicated with regarding your concerns.
	Please describe the outcome or remedy you seek for this complaint.
ign	ature of complainant:
ign	ature of complainant's representative:
ate	e 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	
RESPONSE TO LEVE	L ONE COMPLAINT
	_ (date)
	_ (address of complainant)
	_
	_ (e-mail of complainant)
Dear:	
Having considered the complaint at the Level Or (date), I have decided on the following response	
[Note: When preparing the letter, include on	ly one of the following sentences.]
For the following reasons, I am unable to provide	e the remedy you seek:
I will take the following actions to grant the reme	adv vou seek for vour complaint
I will take the following actions to grant the feme	tay you seek for your complaint.
Although I am unable to provide the full remedy following actions to provide a partial remedy:	you seek for your complaint, I will take the
	_ (signature of appropriate administrator)
Complainant, please note:	
To appeal this response, you must file a written istrator within the time limits set in GF (LOCAL). at	

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, electronic communication, 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:	
	E-mail address:	
3.	If you will be represented in presenting your appeal, please identify the person representing you.	
	Name:	
	Address:	
	Telephone number:	
	E-mail address:	
4.	Who held the Level One conference?	
	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 Level One complaint and any documentation submitted at Level One.	
7.	Attach a copy of the Level One response being appealed, if applicable.	
Sigi	nature of complainant:	
Sigi	nature of complainant's representative:	
Dat	e of filing:	
Cor	mplainant please note:	

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A complaint or appeal 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 or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.

EXHIBIT D	
RESPONSE TO LEV	EL TWO APPEAL
	_ (date)
	_ (address of complainant)
	-
	_ (e-mail of complainant)
Dear:	
Having considered the Level Two appeal on the following response:	(date), I have decided on
[Note: When preparing the letter, include only	y one of the following sentences.]
I am unable to grant your appeal. I will uphold the (name) and commu	
I wish to grant your appeal and have instructed _ resolution in keeping with the remedy you seek.	(name) to find a
Although I am unable to fully grant your appeal, I to take the following actions as a partial remedy	
Superintendent (or designee)	
Complainant, please note:	
To appeal this response, you must file a written r istrator within the time limits set in GF (LOCAL). at	• • • • • • • • • • • • • • • • • • • •

LEVEL THREE APPEAL NOTICE

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, electronic communication, 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:
	E-mail address:
3.	If you will be represented in presenting your appeal, please identify the person representing you.
	Name:
	Address:
	Telephone number:
	E-mail address:
4.	Who held the Level Two conference?
	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? Yes No If so, the Board will consider your request; however, you may not have a legal right under the Texas Open Meetings Act to require a meeting in open session.
7.	Attach a copy of your original Level One 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.
Sigi	nature of complainant:
Sigi	nature of complainant's representative:

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Date of filing:	
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Complainant, please note:

A complaint or appeal 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 or appeal.

Please keep a copy of the completed form and any supporting documentation for your records.

BOARD'S RESPONSE TO LEVEL THREE APPEAL _____ (date) _____ (name of complainant) (address of complainant) (e-mail of complainant) Having heard the presentation of your appeal at Level Three, 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 the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two. We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek. We have partially denied and partially granted the appeal and have instructed the Superintendent as follows: Sincerely, President of the Board of Trustees

School District