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
PUBLIC COMPLAINTS

EXHIBIT A

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.

1. Name: ________________________________________________________________

2. Address: ______________________________________________________________

______________________________________________________________________

Telephone number: ______________________________________________________

E-mail address: _________________________________________________________

3. If you will be represented in presenting your complaint, please identify the person representing you.

   Name: ________________________________________________________________

   Address: ______________________________________________________________

______________________________________________________________________

Telephone number: ______________________________________________________

E-mail address: _________________________________________________________

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.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

7. Please describe any efforts you have made to resolve your concerns and the responses to your efforts. Please include dates of communication and whom you communicated with regarding your concerns.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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 refileing 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 LEVEL ONE COMPLAINT

_______________________________________ (date)
_______________________________________ (name of complainant)
_______________________________________ (address of complainant)
_______________________________________
_______________________________________ (e-mail of complainant)

Dear _________________________:

Having considered the complaint at the 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 appropriate administrator)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate admin-
istrator within the time limits set in GF(LOCAL). The necessary appeal forms are available at 
____________________________________ during regular business hours.
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.

Signature of complainant: ____________________________________________________

Signature of complainant’s representative: _______________________________________

Date of filing: ______________________________
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.
EXHIBIT D

RESPONSE TO LEVEL TWO APPEAL

_______________________________________ (date)
_______________________________________ (name of complainant)
_______________________________________ (address of complainant)
_______________________________________ (e-mail of complainant)

Dear _________________________:

Having considered the Level Two appeal 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 appeal. 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:

__________________________________________________________________________
__________________________________________________________________________

_____________________________________
Superintendent (or designee)

Complainant, please note:

To appeal this response, you must file a written notice of appeal with the appropriate administrator within the time limits set in GF(LOCAL). The necessary appeal forms are available at _________________________ during regular business hours.
EXHIBIT E

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.

Signature of complainant: ________________________________________________

DATE ISSUED: 1/8/2015

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GF(EXHIBIT)-RRM
Signature of complainant’s representative: ________________________________________

Date of filing: ______________________________

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 refileing 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 F

BOARD’S RESPONSE TO LEVEL THREE APPEAL

_______________________________________ (date)

_______________________________________ (name of complainant)

_______________________________________ (address of complainant)

_______________________________________

_______________________________________ (e-mail of complainant)

Dear _________________________:

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

Ector County Independent School District