

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

The forms on the following pages are provided to assist the District in processing complaints from Parents and Students:

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

Exhibit B: Responses to Level One Public Complaint — 3 pages

Exhibit C: Level Two Public Appeal Notice — 1 page

Exhibit D: Response to Level Two Public Appeal — 3 pages

Exhibit E: Level Three Public Appeal Notice — 2 pages

Exhibit F: Board's Response to Level Three Public Appeal — 3 pages

HENDERSON ISD  
PUBLIC 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 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 (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

3. Campus \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

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.

---

---

---

---

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 refilled with all the required information if the refilling 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.**

Henderson ISD  
201902

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL ONE COMPLAINT  
DENYING REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of supervisor, principal, or other appropriate administrator)

**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 DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.**

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL ONE COMPLAINT  
PARTIAL REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

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

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 supervisor, principal, or other appropriate administrator)*

***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 DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.***

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL ONE COMPLAINT  
GRANTING REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

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

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

\_\_\_\_\_

\_\_\_\_\_  
*(Signature of supervisor, principal, or other appropriate administrator)*

***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 DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.***

HENDERSON ISD  
PUBLIC APPEAL NOTICE - LEVEL TWO

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 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 (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

3. Campus \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

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.

Signature of complainant \_\_\_\_\_

Signature of complainant's representative \_\_\_\_\_

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

Henderson ISD  
201902

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL TWO APPEAL  
DENYING REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

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

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.

\_\_\_\_\_  
*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 DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.***

Henderson ISD  
201902

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL TWO APPEAL  
PARTIAL REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

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

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 DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.***

Henderson ISD  
201902

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL TWO APPEAL  
GRANTING REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

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

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

---

*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 DGBA(LOCAL). The necessary forms are available at the Henderson ISD Superintendent's office during regular business hours.***

HENDERSON ISD  
PUBLIC APPEAL NOTICE – LEVEL THREE

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 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 (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

3. Campus/Department \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

5. To whom did you present your complaint 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. 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.*

8. Attach a copy of your original complaint and any documentation submitted at Level One and a copy of your Level Two appeal notice.

9. Attach a copy of the Level Two response being appealed, if applicable.

Signature of complainant \_\_\_\_\_

Signature of complainant's representative \_\_\_\_\_

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

Henderson ISD  
201902

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

HENDERSON ISD  
PUBLIC APPEAL NOTICE FROM BOARD - LEVEL THREE  
DENYING REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on \_\_\_\_\_(date).

We have denied the appeal and have upheld the decision made by the Superintendent (or designee) at Level Two.

Sincerely,

\_\_\_\_\_  
*President of the Board of Trustees  
Henderson Independent School District*

Henderson ISD  
201902

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL THREE APPEAL  
PARTIAL REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on \_\_\_\_\_(date).

We have partially denied and partially granted the appeal and have instructed the Superintendent as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
*President of the Board of Trustees  
Henderson Independent School District*

Henderson ISD  
201902

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

HENDERSON ISD  
RESPONSE TO PUBLIC LEVEL THREE APPEAL  
GRANTING REMEDY

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

Having heard the presentation of your appeal at Level Three, the Board took the following action at its meeting on \_\_\_\_\_(date).

We have granted the appeal and have instructed the Superintendent to find a resolution in keeping with the remedy you seek.

Sincerely,

\_\_\_\_\_  
*President of the Board of Trustees  
Henderson Independent School District*