



INDIVIDUAL COMPLAINT FORM: LEVEL THREE

This form must be filled out completely by an individual appealing a Level Two decision to the Board in accordance with Board Policy (Local) or any exceptions outlined therein.

1. Name: _____

Address: _____

Telephone: _____

Email: _____

2. If you will be represented in pursuing your complaint, please identify that individual or organization:

Name: _____

Address: _____

Telephone: _____

Email: _____

3. Campus: _____

4. To whom did you last appeal? _____

Date: _____

5. 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.

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

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

8. Do you want the Board to hear this appeal in open session?

Yes

No

If yes, 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.

Compliant, please note:

The appropriate level administrator or level hearing will be designated to respond to the complaint in accordance with this policy.

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 refile 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.

Signature: _____

Date Submitted: _____