

7. The district wants to have all complaints resolved informally or at the lowest possible level. Explain your efforts to informally resolve your complaint including whom you spoke with, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation why not.

8. Identify the remedy you seek for this complaint. In other words, what do you want us to do in response to your complaint?

Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any.

Arlington Independent School District
Public Complaint Form
Level Two

Complete this form in accordance with District policy GF (LOCAL). Your complaint

Signature

Date Submitted

Nam

Arlington Independent School District
Public Complaint Form
Level Three

Complete this form in accordance with District policy GF (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information.

Submit your Level Three complaint to the Superintendent of Schools, 1000 West 10th Street, Arlington, Texas 76010, or call 817-461-1000.

1. Name _____
2. Address & Telephone Number _____
3. Identify the administrator who held the Level Two conference and provided the Level Two decision _____
4. Identify the date you received the Level Two decision _____
5. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you factually or legally disagree with and want the Superintendent to review.

6. Specifically state why you disagree with the part(s) of the Level Two decision that you identified in response to number 5 above.

7. Attach the documents you relied upon at Level Two (if any) and explain how they support your position at response 5 and 6 above. Only those documents identified will be considered at Level Three.

Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.

Arlington Independent School District
Public Complaint Form
Level Four

Complete this form in accordance with District policy GF (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information.

Submit your Level Four complaint

1. Name _____
2. Address & Telephone Number _____
3. Provide the Level Three decision _____
4. Identify the date you received the Level Three decision _____
5. Attach a copy of the Level Three decision and specifically identify the part(s) of the Level Three decision that you factually or legally disagree with and want the Board of Trustees to review.

6. Specifically state why you disagree with the part(s) of the Level Three decision that you identified in response to number 5 above.

7. Attach the documents you relied upon at Level Three (if any) and explain

Signature

Date Submitted

Name, address, and telephone and fax number of representative, if any, if not previously provided.
