

**Austin Independent School District**  
**Standard Grievance Appeal Form**  
**Check One- Level II \_\_ Level III \_\_**  
**[DGBA ONLY - Level IV \_\_]**

<b>FOR OFFICE USE ONLY</b>	
Date Received by District _____	Received By _____
Copies to _____	Conference to be held by _____
Indicate if jurisdictional referral to different level: II __ III __ IV __	

Please check one:

- \_\_\_\_\_ **Parent/Student Complaint (FNG)**  
\_\_\_\_\_ **Public Complaint (GF)**  
\_\_\_\_\_ **Employee Complaint (DGBA)**

Policies are available online at [www.austinisd.org/board/policy](http://www.austinisd.org/board/policy)

To appeal a decision at a lower level of a grievance, or the lack of a timely response after a lower level conference, please complete this form in its entirety and submit it by hand delivery, fax, email, or U.S. mail to the Superintendent or designee within the time established in FNG/GF/DGBA(LOCAL). Appeals will be heard in accordance with FNG/GF/DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

**If you are a student, parent/guardian, or a community member [FNG/GF]:**

1. Name \_\_\_\_\_  
Address [City, State, Zip Code] \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**If you are an employee of the district [DGBA]:**

1. Employee's Name \_\_\_\_\_  
Address [City, State, Zip Code] \_\_\_\_\_  
Phone Number \_\_\_\_\_  
School/Department \_\_\_\_\_ Assignment: \_\_\_\_\_  
Email Address \_\_\_\_\_

2. If you will have a designated representative to speak on your behalf, please identify the person representing you.  
Name of Representative \_\_\_\_\_  
Organization \_\_\_\_\_  
Address [City, State, Zip Code] \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

3. To whom did you present your complaint at the previous level hearing?:

\_\_\_\_\_

Date of Conference \_\_\_\_\_

Date you received a response to the previous level conference \_\_\_\_\_

4. Please explain your specific objection(s) to the decision you are appealing. Attach a copy of your original complaint and any documentation submitted at lower levels as well as a copy of the responses at lower levels being appealed, if applicable.

Any remedies requested at a lower level may not be amended at this level. Also, additional documentation may not be provided at this level.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Complainant's Signature

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

\_\_\_\_\_  
Signature of Complainant's Representative

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