

# Austin Independent School District Standard Grievance Form - Level I

## FOR OFFICE USE ONLY

Date Received by District \_\_\_\_\_ Received By \_\_\_\_\_  
Copies to \_\_\_\_\_ Conference to be held by \_\_\_\_\_  
Indicate if jurisdictional referral to different level: II-A \_\_\_\_ III-A \_\_\_\_

Please check one:

- \_\_\_\_\_ **Parent/Student Complaint (FNG)**- to be filed with the immediate supervisor/principal  
\_\_\_\_\_ **Public Complaint (GF)**- to be filed with the lowest level administrator who has the authority to remedy the alleged problem  
\_\_\_\_\_ **Employee Complaint (DGBA)**- to be filed with the immediate supervisor/principal

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

To file a formal complaint, please complete this form in its entirety and submit it by hand delivery, fax, email, or U.S. mail to the appropriate administrator within the time established in FNG/GF/DGBA (LOCAL). All complaints 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 \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_
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. Person(s) Against Whom the Grievance is filed (if applicable):

\_\_\_\_\_

4. Please describe the decision or circumstances resulting in this complaint. (Give specific details. Specifically identify the rule, policy, regulation or law that has been violated pertaining to the grievance. Attach a copy of such rule, policy, regulation, or law if available.)

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

5. What was the date of the decision or action resulting in this complaint?

\_\_\_\_\_

6. Please explain how you have been affected by this decision or action.

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

7. Please describe any efforts you have made to resolve your complaint informally and the District's response to your efforts.

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

With whom did you communicate? \_\_\_\_\_

