

Lewisville ISD 021307 PUBLIC COMPLAINTS	 GF (EXHIBIT)
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The forms on the following pages are provided to assist the District in processing complaints made by members of the public:

- Exhibit A: Public Complaint Form – Level One – 1 page
- Exhibit B: Notice of Appeal to Superintendent or Designee - Level Two - 1 page
- Exhibit C: Notice of Appeal to the Board - Level Three - 1 page

EXHIBIT A

LEWISVILLE INDEPENDENT SCHOOL DISTRICT

PUBLIC COMPLAINT FORM – LEVEL ONE

Any member of the public filing a complaint must fill out this form completely and submit it to the appropriate administrator. All complaints will be processed in accordance with GF (LEGAL) and GF (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

3. Telephone number (h) _____ (w) _____

4. Please state the date of the event or series of events causing the complaint:

5. Please state your complaint, including the individual harm alleged.

6. Please state specific facts of which you are aware to support your complaint (list in detail):

7. Please state the remedy you seek for this complaint:

Signature _____ Date _____

Exhibit B

LEWISVILLE INDEPENDENT SCHOOL DISTRICT

NOTICE OF APPEAL TO THE SUPERINTENDENT OR DESIGNEE – LEVEL TWO

This form must be filled out completely by a member of the public appealing a Level One decision, or the lack of a timely response after a Level One conference, to the Superintendent or designee in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address: _____

3. Telephone number (h) _____ (w) _____

4. To whom did you last present your complaint? _____

Date of conference: _____

5. If you will be represented in pursuing your complaint, please identify the individual representing you:

Name: _____

Address: _____

Telephone number: () _____

6. Attach a copy of your original complaint.

7. Attach a copy of the Level One decision being appealed, if applicable.

Signature _____

Date submitted: _____

EXHIBIT C

LEWISVILLE INDEPENDENT SCHOOL DISTRICT
NOTICE OF APPEAL TO THE BOARD – LEVEL THREE

This form must be filled out completely by a member of the public appealing a Level Two decision, or the lack of a timely response after a Level Two conference, to the Board in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

2. To whom did you last present your complaint? _____

Date of conference: _____

3. If you will be represented in pursuing your complaint, please identify the individual representing you:

Name: _____

Address: _____

Telephone Number: () _____

4. Attach a copy of your original complaint.

5. Attach a copy of the Level One and Level Two decisions being appealed, if applicable.

Signature: _____

Date submitted: _____

GF (EXHIBIT)-X