Killeen Independent School District
Public Complaint Form
Level One

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 One complaint to the campus principal or supervisor who has authority to act on your complaint.

1. Complainant’s Name____________________________________________________
2. Address & Telephone Number___________________________________________
   Campus ______________________
3. Complaint against/about: ______________________________________________
4. The date of the event or action that gave rise to this complaint __________
   __________
5. A detailed factual description of all of the circumstance(s) that gave rise to this complaint. (Use additional pages if necessary)
   ______________________________________________________________________
   ______________________________________________________________________
6. Explain specifically how you were harmed or injured by the facts that you provided in response to item 5 above.
   ______________________________________________________________________
   ______________________________________________________________________
7. Identify and attach any documents upon which you will rely during the complaint process and explain what those documents will prove. (If you do not have these documents at the time you file your complaint, you will be able to provide copies at the Level One conference. However, please identify to the best of your ability what those documents are and what you think they will prove.)
   ______________________________________________________________________
   ______________________________________________________________________
8. 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.
   ______________________________________________________________________
   ______________________________________________________________________
9. Identify the remedy you seek for this complaint. In other words, what do you want us to do in response to your complaint?
   ______________________________________________________________________
   ______________________________________________________________________

Complainant’s Signature __________________________ Date Submitted __________

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

Note to Supervisor or Principal: Please prepare two additional copies of this form. Return one copy to the person submitting the complaint; keep one copy for your records; and send the original immediately to the Professional Standards Administrator.
Killeen Independent School District
Public Complaint Form
Level Two

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 Two complaint to the Superintendent.

1. Complainant’s Name ________________________________________________

2. Address & Telephone Number ________________________________________

3. Campus __________________________________________________________

4. Identify the date you received the Level One decision _______________

5. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the superintendent or his/her designee to review.

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Complainant’s Signature ________________________ Date Submitted __________

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

_________________________________________ _____________________________
Killeen 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.

1. Complainant’s Name______________________________________________________

2. Address & Telephone Number______________________________________________

3. Campus _______________________________________________________________

4. Identify the administrator who held the Level Two conference and provided the Level Two decision ________________________________________________________________

5. Identify the date you received the Level Two decision ______________________

6. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

9. Please identify the remedy that you seek at Level Three. In other words, what do you want us to do in response to your complaint?

__________________________________________________________________________

__________________________________________________________________________

Complainant’s Signature ____________________________________________ Date Submitted ________________________

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

________________________________________ _____________________________________________