Rockwall
INDEPENDENT SCHOOL DISTRICT

Notice of Complaint – Level One

To file a formal complaint, please complete this form and submit it to the appropriate administrator within the time established in District policies DGBA (LOCAL), FNG (LOCAL) and/or GF (LOCAL). All complaints will be heard in accordance with the aforementioned policies or any exceptions outlined therein.

1. Complainant's name	2. Complainant's address
3. Complainant's phone number	4. Complainant's campus, if applicable

5. If you will be represented in pursuing your complaint, please identify that individual or organization:

Name _____

Address _____

Telephone _____

6. Please describe the decision or circumstances causing your complaint (give specific, factual details).

7. What was the date of the decision or circumstances causing your complaint?

8. Please explain how you have been harmed by this decision or circumstance.

9. Please describe any efforts you have made to resolve your complaint informally and the responses to your effort.	
10. With whom did you communicate?	11. On what date?
12. Please describe the outcome or remedy you seek for this complaint.	

Signature of Complainant	Signature of Complainant's Representative	Date of filing

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.