

**De Leon Independent School District
425 S. Texas St.
De Leon, TX 76444
254-893-8210
Fax 254-893-8214**

District Complaint Form

1. Name _____

2. Mailing Address _____

Telephone Number _____

3. Campus _____

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name _____

Address _____

Telephone Number _____

5. Please describe the decision or circumstance causing your complaint (give specific factual details).

6. What was the date of the decision or circumstance causing your complaint?

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

8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate? _____

On what date? _____

9. Please describe the outcome or remedy you seek for this complaint.

Signature of Person Submitting Complaint _____

Date of Filing of the Complaint _____

PLEASE NOTE:

- A complaint form that is incomplete in any material way may be dismissed, but may be re-filed with all the required information if the re-filing 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 when the first conference on the complaint occurs. No new documents may be submitted unless it was not known that the documents existed prior to the first conference held regarding the complaint.
- It is suggested that you keep a copy of the completed form and any supporting documentation for your records.
- Please review the applicable policy of the De Leon I.S.D. for a review of the timelines and deadline requirements for the complaint process.

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---FOR OFFICE USE ONLY---

Complaint Received By _____

Date Complaint Received _____