

TEXAS SCHOOL FOR THE DEAF

COMPLAINT: MEMBER OF THE GENERAL PUBLIC

GF-E

This form is used both for an initial complaint/grievance and for an appeal of a complaint decision. If you are filing an initial complaint, please complete #'s 1 through 4, below. If you are appealing a complaint decision, please complete #'s 1 and 5, below.

Please attach additional pages if necessary.

1. Name: _____

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

3. Please state your complaint, including relevant and specific supporting facts, including how you believe the action(s) you are complaining about was/is harmful to you:

4. Please state the specific remedy you are seeking; including a request for what you want to happen: _____

5. I am appealing the following decision:

Name of Administrator Making Decision: _____

Date Decision Received: _____

Reason you believe the decision should be changed or amended: _____

Signature of Person Filing Complaint or Appeal

Date

Issued: 121208

Adopted: 121208

Amended: 12-10-10