

**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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No: (\_\_\_\_) \_\_\_\_\_

If you have designated a representative to speak on your behalf, please identify the person representing you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No: (\_\_\_\_) \_\_\_\_\_

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

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Signature of Representative (if applicable)

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Date

Issued: 121208

Adopted: 121208

Amended: 12-10-10  
04-26-22