

**HUNTSVILLE INDEPENDENT SCHOOL DISTRICT**  
**PUBLIC COMPLAINT FORM**

[Refer to Board Policy GF(LOCAL) for procedures and requirements]

**LEVEL:**

1. Principal/Work Location Supervisor
2. Regional Superintendent/Next Level Vertical Line Supervisor
3. Board of Education

Date Concern/Dispute Occurred: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to District (e.g., vendor, volunteer, and the like): \_\_\_\_\_

Name of Complainant's Representative, if any: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) of District Representative(s) contacted regarding this matter:

\_\_\_\_\_  
\_\_\_\_\_

Attach any documents that support the complaint. [See GF(LOCAL)]

---

**Statement of Concern/Dispute:**  
(Attach a copy of the statute or policy allegedly violated.)

---

---

---

---

---

---

---

---

Remedy Requested: \_\_\_\_\_

---

---

---

---

---

---

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

PUBLIC COMPLAINTS

GF  
(EXHIBIT)

**LEVEL I:**

- A. Date received by Principal/Work Location Supervisor \_\_\_\_\_
- B. Disposition by Principal/Work Location Supervisor:

\_\_\_\_\_  
Signature of Principal                      Date  
Work Location Supervisor  
(Return original form to complainant. Retain  
copy for your file.)

-----  
I do not accept the above decision and am referring this dispute to the next level.  
(Submit a copy to the Employee Relations Department.)

\_\_\_\_\_  
Signature of Complainant                      Date

**LEVEL II:**

- A. Date received by Regional Superintendent/Next Level Vertical Line Supervisor \_\_\_\_\_
- B. Disposition by Regional Superintendent/Next Level Vertical Line Supervisor:

---

Signature of Regional Superintendent                      Date  
Next Level Vertical Line Supervisor  
(Return original form to complainant. Retain copy for  
your file. Submit a copy to the Employee Relations  
Department.)

---

I do not accept the above decision and am referring this dispute to the next level.  
(Submit a copy to Board Services.)

---

Signature of Complainant                      Date

---

**LEVEL III:**

A. Date received by Board Services \_\_\_\_\_