

**Carthage Independent School District**  
**Public Complaint Form**  
**Level One**

Date received CISD
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Complete this form in accordance with District policy GF (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level One complaint to the lowest level administrator who can provide the remedy you request or as otherwise required by District policy.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Address \_\_\_\_\_ Email \_\_\_\_\_

3. The date of the event or action that gave rise to this complaint \_\_\_\_\_

4. A detailed factual description of all of the circumstance(s) that gave rise to this complaint. (Use additional pages if necessary)

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5. Explain specifically how you were harmed or injured by the facts that you provided in response to item 4 above.

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6. Identify and attach any documents upon which you will rely during the complaint process and explain what those documents will prove. (If you do not have these documents at the time you file your complaint, you will be able to provide copies at the Level One conference. However, please identify to the best of your ability what those documents are and what you think they will prove.)

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7. Carthage ISD wants to resolve all complaints informally or at the lowest possible level. Explain your efforts to resolve your complaint including whom you spoke with, when you met, and the response you received. If you did not attempt informal resolution, give a detailed explanation why not.

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8. What do you want us to do in response to your complaint?

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Signature

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Date Submitted

Name, address, email, telephone, and fax number of representative, if any:

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Date received CISD

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**Carthage Independent School District  
Public Complaint Form  
Level Two**

Complete this form in accordance with District policy GF (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Two complaint to the Superintendent's office.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Address \_\_\_\_\_ Email \_\_\_\_\_

3. The date of the event or action that gave rise to this complaint \_\_\_\_\_

4. Name of the administrator who made the decision at Level One \_\_\_\_\_

5. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you want the Assistant Superintendent to review.

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6. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 4 above.

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7. Attach the documents you relied upon at Level One (if any) and explain how they support your position at response 4 and 5 above. Only those documents identified will be considered at Level Two.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

Name, address, email, telephone, and fax number of representative, if any, if not previously provided.

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Date received CISD
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# Carthage Independent School District

## Public Complaint Form

### Level Three

Complete this form in accordance with District policy GF (LOCAL). Your complaint will be dismissed if it is submitted with incomplete information. Submit your Level Three complaint to the Superintendent.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Address \_\_\_\_\_ Email \_\_\_\_\_

3. Identify the administrator who held the Level Two conference and provided the Level Two decision.

\_\_\_\_\_

4. Identify the date you received the Level Two decision \_\_\_\_\_

5. Attach a copy of the Level Two decision and specifically identify the part(s) of the Level Two decision that you want the Board of Trustees to review.

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\_\_\_\_\_  
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6. Specifically state why you disagree with the part(s) of the Level Two decision that you identified in response to number 5 above.

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7. Attach the documents you relied upon at Level Two (if any) and explain how they support your position at response 5 and 6 above. Only those documents identified will be considered at Level Three.

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8. Specifically state the action you want from the Board? \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

Name, address, email, telephone, and fax number of representative, if any, if not previously provided.

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