PUBLIC COMPLAINT FORM - LEVEL ONE

Informal resolution is encouraged but does not extend any deadlines in GF (LOCAL), except by mutual written consent. To file a formal complaint, please fill out this form completely and submit it by hand-delivery, electronic communication (grievances@saisd.net), or U.S. Mail to the appropriate administrator within the time established in GF (LOCAL). All complaints will be heard in accordance with GF (LEGAL) and (LOCAL) or any exceptions outlined therein.

Complainant's Name	
Address	
Telephone number ()	
Email Address	
If you will have a designated representative to speak on your behalf, please identify the person represer	nting you.
Name	
Address	
Telephone number ()_	
Email Address	
Please state the date of the event or series of events causing your complaint. (Give specific details)	
Please explain how you have been affected by this decision or action.	
Please describe the efforts you have made to resolve your concerns and the responses to your efforts. I include dates of communication and whom you communicated with regarding your concerns.	Please
Please state specific facts that support your complaint (list in detail and submit any documentation to su facts with the grievance form).	pport you

ed. Describe the circumstances causing your needed, please attach your additional comment to
plaint.
Date of filing
Date of filing
<u></u>

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 the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.

Please note: A complaint form that is incomplete in any material way may be dismissed but may be refiled with all the required information if the refiling is within the designated time for filing a complaint.