

Grievance/Complaint Form

Richardson ISD has adopted grievance procedures for the purpose of resolving employee, student/parent, and public concerns. Student/parent complaints are processed through Board Policy FNG; employee complaints are processed through Board Policy DGBA; and complaints by members of the public are processed through Board Policy GF. This Grievance/Complaint Form must be filed no later than 10 business days from the date the Grievant first knew or should have known of the decision or action giving rise to the complaint. "Grievant" is defined as the individual bringing forward the grievance/complaint. Failure to timely file a grievance/complaint may prohibit acceptance of the grievance/complaint. A new Grievance/Complaint Form must be completed for each level of the process. New claims may **not** be added at Level Two or Level Three. Complaint forms may be submitted by email to grievances@risd.org or in person at the RISD Administration building at 400 S. Greenville Ave., Richardson, TX 75081. This form may also be mailed to Grievances, Richardson ISD Administrative Building, 400 S. Greenville Ave., Richardson, TX 75081.

Note: Please ensure all require	d fields are compl	eted.				
Policy Grievance Filed Under:	FNG(LOCAL) Student/Parent	□ DGB/ Emplo	A(LOCAL) byee		GF(LOCAL) Public	
SECTION I (Required) - Compl	aint Level					
Complaint Level: (select one)	Level I □ Level II	□ Level III				
Date of Incident						
Date of Incident (or Knowledge	e of Incident):					
SECTION II - Contact Informati	on (Required)					
If Student/Parent, Complete Se	ection 2.A. below:					
Section 2.A.						
Student Name:	Student ID Number:					
Parent/Legal Guardian Name:		egal Guard	lian Email:			
Address:	С	ity:	State:		Zip:	
Phone: Grade	Level:	Campus	:			
Representation (Choose one)	Self □	Legal Counsel □	Re	presentative		
Representative's Name:		Phone:		Email:		
If Employee, Complete Section	2.B. below:					
Section 2.B.						

Complainant Name:		Employee ID Number:			
Address:		City:	State: 2	Zip:	
Phone: Job Ass	ignment:	ment: Campus/Department:			
Employee Email:					
Representation (Choose one)	Self □	Legal Counsel □	Representative		
Representative's Name:		Phone:	Email:		
If Public, Complete Section 2.C. b	elow:				
Section 2.C.					
Complainant Name:					
Address:		City:	State: 2	Zip:	
Phone:		Company/Organizati	on/Other Affiliation (<i>if ap</i>	plicable):	
Email:					
Representation (Choose one)	Self □	Legal Counsel 🗆	Representative		
Representative's Name:		Phone:	Email:		
SECTION III (Required)					
Complaint Filed Against:		Position/Title:	Сатр	ous/Department:	
SECTION IV (Required) - Basis of	Complaint				
Statement describing circumstand	ces giving r	ise to the complaint/gri	evance (be as specific as	s possible):	

State specific harm you allege:
Has an attempt been made to resolve the issue informally? If yes, please describe, including the date(s) of the attempted resolution and with whom:
Specific Relief or Remedy Sought (REQUIRED):
SIGNATURE: Date:
Documents Attached: NO ☐ *YES ☐ * If Yes, must complete and attach the Grievant Hearing
Exhibit Form. Note: ALL documents related to this complaint must be attached to grievance submission.