



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. For grievances filed by a student/parent who engaged in informal attempts to resolve the grievance, 90 calendar days from the date the parent/student knew or had reason to know the facts, or 30 days from the date the District provided the parent/student with information on how to file a grievance. For grievances filed by a student/parent who did not engage in informal attempts to resolve the grievance, this Grievance/Complaint Form must be filed within 60 calendar days from the date on which the parent/student knew or had reason to know the facts giving rise to the complaint. For employees and members of the public, this Grievance/Complaint Form must be filed no later than 20 calendar 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. Except as specifically provided in board policy, any applicable timelines for filing a grievance are not affected by an attempt at informal resolution. A new Grievance/Complaint Form must be completed for each level of the process. 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 required fields are completed.

Policy Grievance Filed Under: **FNG(LOCAL)** **DGBA(LOCAL)** **GF(LOCAL)**
 Student/Parent *Employee* *Public*

SECTION I (Required) - Complaint Level			
Complaint Level: (select one): Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/>			
Date of Incident			
Date of Incident (or Knowledge of Incident):			
SECTION II - Contact Information (Required)			
If Student/Parent, Complete Section 2.A. below:			
Section 2.A.			
Student Name:		Student ID Number:	
Parent/Legal Guardian Name:		Parent/Legal Guardian Email:	
Address:		City:	State:
Zip:			
Phone:	Grade Level:	Campus:	
Representation (Choose one)		Self <input type="checkbox"/>	Legal Counsel <input type="checkbox"/>
Representative <input type="checkbox"/>			
Representative's Name:		Phone:	Email:

If Employee, Complete Section 2.B. below:

Section 2.B.

Complainant Name:	Employee ID Number:		
Address:	City:	State:	Zip:
Phone:	Job Assignment:	Campus/Department:	
Employee Email:			
Representation (Choose one)	Self <input type="checkbox"/>	Legal Counsel <input type="checkbox"/>	Representative <input type="checkbox"/>
Representative's Name:	Phone:	Email:	
If Public, Complete Section 2.C. below:			
Section 2.C.			
Complainant Name:			
Address:	City:	State:	Zip:
Phone:	Company/Organization/Other Affiliation (<i>if applicable</i>):		
Email:			
Representation (Choose one)	Self <input type="checkbox"/>	Legal Counsel <input type="checkbox"/>	Representative <input type="checkbox"/>
Representative's Name:	Phone:	Email:	
SECTION III (Required)			
Complaint Filed Against:	Position/Title:	Campus/Department:	
SECTION IV (Required) - Basis of Complaint			

Statement describing circumstances giving rise to the complaint/grievance (be as specific as 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, you must complete and attach the Grievant Hearing Exhibit Form. Note: ALL documents related to this complaint must be attached to grievance submission.