



Region 10 ESC/CERT 400 E Spring Valley Rd • Richardson, TX 75081
Phone: 972.348.1492

Complaint Form

To file a complaint, please fill out this form completely and submit it by hand delivery or U.S. mail to the Executive Director within the time established in EF (LOCAL). All complaints will be heard in accordance with EF (LOCAL) or any exceptions outlined therein.

Name: _____ Phone: _____
Address: _____ Email: _____

If you will be represented in voicing your complaint, please identify the person representing you:

Name: _____ Phone: _____
Address: _____ Email: _____

Please describe the decision or circumstances causing your complaint (give specific factual details):

What was the date of the decision or circumstances causing your complaint? _____

Please explain how you have been harmed by this decision or circumstance:

Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate?

Name: _____ Date: _____

Please describe the outcome or remedy you seek for this complaint:

Complainant Signature: _____

Signature of complainant's representative: _____

Date of filing: _____

Complainant, 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 re-filing is within the designated time for filing a complaint. Attach 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.