

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

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 via email to HREmployeeRelations@aisd.net

1. Name DAVID JARVIS
2. Address & Telephone Number 500 Dorcas Lane, Arlington, TX, 76013 (817) 991-7153
3. The date of the event or action that gave rise to this complaint 7-14-23
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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At the conclusion of an AISD Level Four grievance hearing on 6-8-23, Trustee Chapa made a brief motion/statement on the record that the Board's role was "to determine whether the administration has violated law or policy." I asked the Board of Trustees to provide me by 7-14-23 a copy of any AISD policy that supported Mr. Chapa's claim. The Board has refused to respond and provide me with any legal (policy) authority to support Mr. Chapa's statement that a grievant must show a violation of law or policy to prevail at any grievance hearing.

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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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I am harmed or injured since the Board deliberated and ultimately denied all four grievances based on a false understanding that a grievant must prove a violation of law or policy in order to prevail at any grievance hearing. This legal error regarding the grievant's burden of proof invalidates the Board's decision to deny all four grievances. The only fair remedy is to schedule a new Level Four grievance hearing.

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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.

One sworn affidavit dated 7-17-23, with attached Exhibits 1, 2, and 3

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7. The district wants to have all complaints resolved informally or at the lowest possible level. Explain your efforts to informally 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.

I sent the Board of Trustees an email on 6-20-23, and again on 7-10-23 -both emails requesting that the Board provide me with the legal (policy) basis to support Mr. Chapa's claim that I must present evidence showing that AISD violated law or policy in order have my grievance granted. The Board did not provide the legal (policy) basis to support Mr. Chapa's claim. Indeed, the Board refused to even acknowledge receipt of either of my emails.

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8. Identify the remedy you seek for this complaint. In other words, what do you want us to do in response to your complaint?

The Board's denial of all four of my grievances was based on a legal error. When Mr. Chapa made his brief statement/motion on 6-8-23, he clearly was speaking on behalf of the Board. Since the Board has refused to provide me with any legal (AISD policy) which supports Mr. Chapa's statement - it appears that Mr. Chapa and the entire Board voted to deny all four grievances based on an erroneous understanding a grievant's burden of proof at a Level Four grievance hearing. The only fair and adequate remedy to correct this legal error is for the Board to grant me a new hearing. The Board should set aside the action taken denying all four grievances on 6-8-23 -- and schedule another Level Four hearing on all four grievances. The Board cannot lawfully "make up" a new grievant burden of proof not contained in current AISD policy. To do so would be a lawless act.

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Signature

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Date Submitted

Name, address, and telephone and fax number of representative, if any.

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David Jarvis (817) 991-7153

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djarvis1776@icloud.com

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**Arlington 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 via email to [HREmployeeRelations@aisd.net](mailto:HREmployeeRelations@aisd.net)

1. Name \_\_\_\_\_
2. Address & Telephone Number \_\_\_\_\_
3. Identify the date you received the Level One decision \_\_\_\_\_
4. Attach a copy of the Level One decision and specifically identify the part(s) of the Level One decision that you factually or legally disagree with and want the superintendent's designee to review.

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5. 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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6. 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, and telephone and fax number of representative, if any, if not previously provided.

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**Arlington 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 via email to [HREmployeeRelations@aisd.net](mailto:HREmployeeRelations@aisd.net)

1. Name \_\_\_\_\_
2. Address & Telephone Number \_\_\_\_\_
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 factually or legally disagree with and want the Superintendent to review.

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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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Signature

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

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

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**Arlington Independent School District**  
**Public Complaint Form**  
**Level Four**

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 Four complaint via email to HREmployeeRelations@aisd.net

1. Name \_\_\_\_\_
2. Address & Telephone Number \_\_\_\_\_
3. Provide the Level Three decision \_\_\_\_\_
8. Identify the date you received the Level Three decision \_\_\_\_\_
9. Attach a copy of the Level Three decision and specifically identify the part(s) of the Level Three decision that you factually or legally disagree with and want the Board of Trustees to review.

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10. Specifically state why you disagree with the part(s) of the Level Three decision that you identified in response to number 5 above.

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

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\_\_\_\_\_  
Signature

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Date Submitted

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

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