

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 L. JARVIS
2. Address & Telephone Number 500 Dorcas Lane, Arlington, TX (817) 991-7153
3. The date of the event or action that gave rise to this complaint 8-14-23
4. A detailed factual description of all of the circumstance(s) that gave rise to this complaint. (Use additional pages if necessary)

See attached sworn affidavit, signed on 8-14-23.

5. Explain specifically how you were harmed or injured by the facts that you provided in response to item 4 above.

As detailed in my affidavit, I told attorney Eichelbaum and Dr. Hill that I wanted to request an amendment of AISD grievance policy. They told me that my request would be forwarded to the AISD governance committee for consideration. When I asked for an estimate of how long it would take the governance committee to make a decision to accept or reject my requested amendments, Dr. Hill informed me that he could not give me any estimate. Rather than wait an indeterminate period of time (weeks, months, years?) for a decision from the governance committee - I concluded that filing a grievance was my only reasonable and viable option.

6. Identify and attach any documents upon which you will rely during the complaint process and explain what those documents will prove.

see attached affidavit signed on 8-14-23

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.

[See affidavit for details of my efforts to work with attorney Eichelbaum and Dr. Hill on this issue.](#)

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

[I am requesting that AISD amend current AISD grievance policy as detailed in my affidavit.](#)

8-14-23

Signature

Date Submitted

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

[email djarvis1776@icloud.com](mailto:djarvis1776@icloud.com)

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

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.

5. Specifically state why you disagree with the part(s) of the Level One decision that you identified in response to number 4 above.

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.

Signature

Date Submitted

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

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

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.

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

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.

Signature

Date Submitted

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

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.

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

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.

Signature

Date Submitted

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

