

## Please use a current version of Acrobat Reader to complete this form.

| Complainant Contact Information   |  |  |              |                         |
|---|--|--|--------------|-------------------------|
| Name:   |  |  |              |                         |
| Mailing Address:  |  |  | City State:  |                         |
| Phone:  | Cell Phone:  | Email:                                     |              |                         |
| Complainant's Role:   | 🗆 Candidate  | Former Candida                             | ate          | Applicant               |
| Employee  | □ Former Employee  | Cooperating Te                             | acher        | Mentor Teacher          |
| □ Administrator of  |  | D Other:                                   |              |                         |
| School Information of Placement (if applicable)   |  |  |              |                         |
| District:   |  |  | School:      |                         |
| Mailing Address:  |  |  | City, State: |                         |
| Phone:  | Extension:   |  | Website:     |                         |
| Principal Name:   |  |  |              |                         |
| Complaint Description   |  |  |              |                         |
| Certain information is necessary for the Region 13 Educator Preparation Programs to review a complaint. Please fill out this form carefully and as completely as possible. R13EPPs can only accept complaints that allege a violation of an issue over which the Region 13 Educator Preparation Programs have the jurisdiction or authority to regulate. The complaint form must be submitted within 30 business days of the alleged violation. Determination as to whether complaints submitted after this deadline will be considered on a case-by-case basis by the administrator. |  |  |              |                         |
| Please select all areas t<br>EPP Admission Policy<br>EPP Program Requireme<br>EPP Field-Based Observ<br>EPP Clinical Teaching<br>EPP University Field Supe<br>EPP Program Faculty   | Denied EPP ents     Removed fro ations     EPP Practicu     EPP Internsh | om Program<br>um<br>ip<br>ation & Feedback | □ Other (p   | lease briefly describe) |

## All fields are required.

Describe the alleged violation (nature of the problem). Please be concise and specific as you summarize the complaint within the space provided.

Describe the facts on which the allegation is based. Please be specific.

What are the significant dates and events related to the allegation? Please be specific.

Describe the documents that you wish to attach to support the described facts.

Describe your efforts to resolve the complaint in other ways.

Provide any other additional information that would be important to consider, including the resolution you are seeking.

Date

 

 Office Use Only

 Date Received
 Date Candidate Verified (if applicable)
 Acknowledge Receipt to Candidate Date
 Date Written Response Sent

This complaint procedure complies with Texas Administrative Code (TAC) §228.70. Not all complaints fall under the authority of Region 13 Educator Preparation Programs. Region 13 EPPs have jurisdiction to investigate allegations of noncompliance regarding specific laws and rules, generally related to state and federal requirements. Complaints may address Educator Preparation Programs requirements listed in Texas Administrative Code (TAC) §§ 227, 228, 229, ethics (TAC 247), fingerprinting (TAC §§227, 232) and certification (TAC §§230, 231, 232, 239, 241, 242).