



Department of Grants Compliance and Oversight Private Nonprofit School (PNP) Complaint Form

TEA can only accept complaints that allege a violation of a federal education law or regulation that TEA has the jurisdiction, or authority, to regulate. TEA's PNP ombudsman has jurisdiction over and reviews complaints alleging a local school district's failure to meet the equitable services requirements applicable to the following Every Student Succeeds Act (ESSA) grant programs: Title I, Part A; Title I, Part C; Title II, Part A; Title III, Part A-English Learner (EL); Title III, Part A-Immigrants (IMM); and Title IV, Part A.

Before bringing this allegation to TEA's PNP ombudsman, the complainant must make a best effort to resolve the issue directly with the school district. The ombudsman may only review alleged violations that have occurred within two years of the date TEA receives the complaint. Limit one complaint per form.

For more information on the Every Student Succeeds Act (ESSA) statute and requirements, refer to <https://www.ed.gov/essa>. The ESSA-specific requirements for PNP equitable services are found in Sections 1117 (Title I, Part A) and 8501 (Titles I, Part C; Title II, Part A; Title III, Parts A-EL and Immigrants; and Title IV, Part A).

Complainant Information

Name Email Address Phone Number

Address City TX ZIP

An equitable services complaint may come from any of a variety of stakeholders.

From the dropdown list below, please select the role that best describes you.

Complete the "Other" field if your role is not listed.

Complainant's Role

School Information

District Name City Campus Name, If Applicable

PNP Name City Campus Name, If Applicable

Complaint Information

TEA's PNP ombudsman reviews complaints only after the complainant has made a best effort to resolve the issue directly with the district and only if the complaint is received within two years of the alleged violation. The complaint must allege a violation of ESSA equitable services requirements in the ESSA grant programs listed above.

Date of Alleged Violation ESSA Grant Program Involved in Violation

Describe how the school district named above violated ESSA requirements by failing to provide equitable services to the PNP named above. Submit any additional detail or supporting documentation as an attachment.

Attachment Title Attachment Title

Attachment Title Attachment Title

Attachment Title Attachment Title

Below, list the names of district personnel with whom you communicated in your best effort to resolve the issue. Specify the date and method of communication. Complete the "Other" field if your method is not listed.

If communication occurred in writing, attach a copy of all available emails/letters/text messages that were exchanged. If space is not sufficient to record all communications, provide additional detail in an attachment.

Name of District Personnel	Date of Communication	Method of Communication
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment Title	<input type="text"/>	Attachment Title	<input type="text"/>
Attachment Title	<input type="text"/>	Attachment Title	<input type="text"/>
Attachment Title	<input type="text"/>	Attachment Title	<input type="text"/>
Attachment Title	<input type="text"/>	Attachment Title	<input type="text"/>
Attachment Title	<input type="text"/>	Attachment Title	<input type="text"/>

Form Submission Information

You may email this completed form and any attachments to PNPombudsman@tea.texas.gov.

You may also mail a hard copy of this completed form and any attachments to the following address:

Texas State Ombudsman for PNP Equitable Services
 Texas Education Agency
 ATTN: Department of Grants Compliance and Oversight
 1701 N. Congress Avenue
 Austin, TX 78701

TEA complies with the Texas Public Information Act (TPIA) when responding to requests for information. The information you submit on this form is public to the extent allowed by law.