

**Public Grievances**  
**Burleson County Appraisal District**  
**Board of Directors**

A written complaint will be addressed on matters within the jurisdiction of the Board of Directors or matter involving the Appraisal District or the Appraisal Review Board, except that a complaint may not be addressed to any of the grounds for protest before the Appraisal Review Board as set out in S41.41 (1 through 7) and 41.411 Tex., Prop. Tax Code.

The Board of Directors has prepared a copy of their policy for Public Grievances and the related forms. The packet will be provided free of charge to those persons listed below:

1. An owner of taxable property in the appraisal District.
  2. A taxing unit for which the Appraisal District appraises property.
  3. The Appraisal review Board or any member thereof.
  4. The Chief Appraiser
  5. Any employee of the Appraisal District
- Any other person requesting said packet shall pay \$ 1.00 per packet.
  - All request for said packet shall be made in writing to the Chief Appraiser or designee.

**PUBLIC GRIEVANCE TIMELINE**

Grievance against Appraisal District employee

Level One Complaint

- Thirty (30) days after event(s) causing complaint.
- Chief Appraiser response fifteen (15) days

Level Two Appeal

- Seven (7) days of receipt of response to Level One.
- Twenty-five (25) days from file date of Level One Complaint if no response is received.
- Directors respond timely in accordance with policy.

Level Three Request for Hearing

- Fifteen (15) days for receipt of response to Level Two.
- Directors respond timely in accordance with policy.

Other Grievance

Level Two Request for Review

- Thirty (30) days after event(s) causing complaint.
- Directors review and respond timely in accordance with policy.

Level Three Request for Hearing:

- Fifteen (15) days of receipt of response to Level Two.
- Directors respond timely in accordance with policy.

## **PUBLIC COMPLAINT FORM – LEVEL ONE**

Any person filing a complaint must fill out this form completely and submit it to the Chief Appraiser. All complaints will be processed in accordance with the Appraisal District Board of Directors' policy, Part 2, III.

1. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Group Represented (if applicable) \_\_\_\_\_

3. Please state the date of the event of series of events causing the complaint.  
\_\_\_\_\_

4. Please state your complaint, including the individual harm alleged.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please state specific facts of which you are to support your complaint (list in detail).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please state the remedy you seek for this complaint.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's signature \_\_\_\_\_

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

For office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of Response: \_\_\_\_\_ Certified Mail Sticker: \_\_\_\_\_

**REPORT OF LEVEL ONE REVIEW**  
**BY THE CHIEF APPRAISER**

1. Complainant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Group Represented (if applicable) \_\_\_\_\_

3. Date of response \_\_\_\_\_

4. The facts as presented by the complainant are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In my opinion, the allegations made in the original complaint (are) (are not) adequately supported by the facts submitted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In my opinion, the remedy sought by the complainant (is) (is not) justified by the facts submitted.

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

7. The decisions made are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Chief Appraiser \_\_\_\_\_ Date: \_\_\_\_\_

For office Use Only:

Received by: \_\_\_\_\_

Board Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Before submitting this report to the Board, attach a copy of the complainant's original written complaint.

For office Use Only:

Received by: \_\_\_\_\_

Board Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

BOD/Report of Level One Review  
By The Chief Appraiser

Adopted 6/2014

**NOTICE OF APPEAL AT LEVEL TWO**  
**REVIEW BY THE BOARD OF DIRECTORS**

This form must be filled out completely by a person appealing a Level One decision or the lack of a timely response after a Level One complaint and must be filed with the Board of Directors and the Chief Appraiser within seven (7) days of receiving Level One decision or within 28 days if no response is received.

1. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Group Represented (if applicable) \_\_\_\_\_

3. Please state point of disagreement with determination of Chief Appraiser's review:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach a copy of your original Level One complaint.

5. Attach a copy of the Level One decision being appealed, if applicable.

Complainant's signature \_\_\_\_\_

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

For office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of Response: \_\_\_\_\_ Certified Mail Sticker: \_\_\_\_\_

**REPORT OF LEVEL TWO REVIEW**  
**BY THE BOARD OF DIRECTORS**

1. Complainant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Group Represented (if applicable) \_\_\_\_\_

3. The facts as presented by the complainant are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In the Board's opinion, the allegations made in the original complaint (are) (are not) adequately supported by the facts submitted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In the Board's opinion, the remedy sought by the complainant (is) (is not) justified by the facts submitted.

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

6. The decisions made are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Chairperson or designee \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE OF APPEAL TO THE BOARD AT LEVEL THREE**  
**REQUEST FOR HEARING**

This form must be filled out completely by a person appealing a Level Two decision or the lack of a timely response after a Level Two review to the Board of Directors.

1. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Group Represented (if applicable) \_\_\_\_\_

3. If you will be represented in pursuing your complaint, please identify the individual or organization representing you.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Attach a copy of the original complaint.

5. Attach a copy of the Level One (if applicable) and Level Two decisions.

Complainant's signature \_\_\_\_\_

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

For office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_  
For BOD & Chief Appraiser

Date of Response: \_\_\_\_\_ Certified Mail Sticker: \_\_\_\_\_

**BOARD'S RESPONSE TO LEVEL THREE APPEAL**

Date \_\_\_\_\_

Name of Complainant  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dear \_\_\_\_\_

Having seen the presentation of your complaint at Level Three, the Board took the following action at its meeting on \_\_\_\_\_.

We have denied the complaint

Or

We have granted the complaint and have instructed the Chief Appraiser to find a resolution in keeping with the remedy you seek.

Or

We have partially denied and partially granted the complaint and have instructed the Chief Appraiser as follows:

Sincerely,

Chairperson, Board of Directors  
Burlison County Appraisal District