



Confidential Review of Concerns Form

Name: _____

Date: _____

Position/Title (Parent or student, put "parent" or "student"): _____

Daytime phone: _____

Please read and follow the Confidential Review of Concerns Policy.

1. Please describe the nature of your concern. _____
 - a. Note number of pages attached _____
2. A specific statement of the law, rule, policy, and/or specific acceptable practice violated.
What action or conduct constituted the violation and what happened? _____
 - a. Note number of pages attached _____
3. The date of the event that is a violation of law or policy leading to the complaint.

4. Please describe your efforts to address/resolve the concern with the individual(s) directly involved. _____
 - a. Note number of pages attached _____
5. The date you tried to address/resolve the concern with the individual(s) directly involved.

6. Please describe your efforts to resolve the concern with the Director. _____
 - a. Note number of pages attached _____
7. The date you tried to resolve the concern with the Director. _____
8. Please describe why the Governing Board should consider your concern (why you feel questions #3 and #4 have not brought resolution). _____
 - a. Note number of pages attached _____
9. Resolution or remedy you want. _____
 - a. Note number of pages attached _____
10. Please indicate below if you would like to present your concerns directly to board in person. ____ YES. ____ NO.

Signature

Date