



Date Received ___/___/___

The School Board encourages students and parents to discuss their concerns and complaints through informal conferences with the appropriate teacher, principal, or other campus administrator. Policy FNG Local)
In order to better facilitate your concern in a thorough and timely manner, please complete the information requested below and return to the appropriate campus or district office.

PARENT CONCERN FORM

Parent's Name: _____ Student's Name: _____ Grade: _____ Home Campus: _____
Today's Date: ___/___/___ Date of incident: ___/___/___

Daytime phone number: _____ E-Mail: _____ Teacher's Name (if applicable): _____

Please briefly describe your concern/need: (Please attach any additional documentation if necessary)

Multiple horizontal lines for describing the concern/need.

Desired Outcome: (Please briefly describe the outcome or resolution you are seeking)

Multiple horizontal lines for describing the desired outcome.

Prior Communications-please check all that apply:

- ___ I have spoken with or had a conference with the appropriate teacher regarding this situation.
___ I have spoken with or had a conference with a Principal/Assistant Principal/Counselor regarding this situation.
___ I have not yet spoken with any campus staff member regarding this incident.

I request the following

- ___ a phone call from the teacher ___ a phone call from a campus administrator other _____
___ a phone call from a counselor ___ a conference with the teacher
___ a conference with a counselor ___ a conference with a campus administrator

Student / Parent Signature & Date ___/___/___

Received By & Date ___/___/___

Will you have Legal Representation? YES or NO --- If YES List name of representative _____