

**PARENT/COMMUNITY MEMBER  
CONCERN FORM**

*PURPOSE:* To validate and create an accountability trail for both person(s) with concerns regarding the school, and the employee/administration/school board; and an effort to utilize the proper chain of command, leading to timelier resolution of concerns to the greater satisfaction of all parties.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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PARENT/COMMUNITY MEMBER CONCERN:

\_\_\_\_\_  
Signature

RESPONSE:

RESOLUTION:

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DISTRICT CHAIN OF COMMAND ACKNOWLEDGEMENTS:

Transportation Supervisor	_____	Date:	_____
Teacher/Coach	_____	Date:	_____
Athletic Director	_____	Date:	_____
Principal	_____	Date:	_____
Superintendent	_____	Date:	_____

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