

## PARENT CONCERN FORM

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 below and return to the appropriate campus or district office.

Parent's Name:	Student'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	n/need: (Please attach any additional documen	tation if necessary)	
Desired Outcome: (Please briefly des	scribe the outcome or resolution you are seek	ing)	
Prior communication-please check a			
	erence with the appropriate teacher regarding this erence with a Principal/Assistant Principal/Counse		
	mpus staff member regarding this incident.	nor regarding this situation.	
I request the following:			
-	a phone call from a campus administrator	other	
	a conference with the teacher		
a conference with a counselor	a conference with a campus administrator		
Parent Signature & Date	Received By & Da	te	
	CODES FOR OFFICE USE ONLY		
•	out grades, testing, teaching methods, class offerings, o		
	ent w/consequences for discipline, bullying allegations	s, etc.)	
<ol> <li>Teacher/Staff Concerns (complaints about</li> <li>Extra-curricular Concerns (athletics, after</li> </ol>	ut teacher/staff benavior) r school programs, cheerleading, band, etc.)		
5. Other Concerns (anything not covered by			
Please place code in box—			