

FLOWING WELLS SCHOOL DISTRICT
Parent/Guardian Concern Form

Parent/ Guardian: Please complete this questionnaire regarding your concern or complaint. Your statement will be taken under advisement at the earliest opportunity.

Name of Parent: _____ Phone #: _____

Address: _____

What is the nature of your concern/complaint?

School involved? Name: _____

Teacher/Employee? Name: _____

Child/Student? Name: _____

Please describe details of the incident (what happened, how, who was involved, when?):

In your opinion, what wrongdoing has occurred?

In your opinion, what action is called for?

Signature: _____ Date: _____

For District Use

Parent/Guardian
Contacted by: _____

Phone?

Date: _____

Written?

Meeting?