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?