

PARENT/STUDENT CONCERN FORM  
LEVEL ONE (Principal)

This form must be filled out completely by a student or parent within 15 days of the date the student or parent first knew of the decision or action giving rise to the concern or grievance;

1. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

2. Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

3. Date of Incident \_\_\_\_\_

4. Please write a brief description of the incident

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5. Has this incident been reported to anyone else? \_\_\_\_\_  
Name & Position

6. What remedy do you seek for this concern?

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\_\_\_\_\_  
Student/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

Please provide the student/parent a copy of this report at filing.