

Grievance Form

(Please keep your concern to one sheet. Thank you.)

Name: _____ Date _____

Mailing Address: _____

Phone Number(s): _____

Subject: _____

Problem: _____

Examples that validate the problem: _____

Results: _____

Suggested Solutions: _____

Response Date: _____

Person Responding _____

Salmon River Joint School District No. 243

Response to Concern

Person Responding _____ Response Date _____

Method used to communicate response: _____

Actions taken to investigate concern:

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People contacted in gathering information upon which to make decision:

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Findings of investigation:

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Decision:

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Results of communicating the decision:

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Signature

Form History:

Adopted on: October 19, 2009

Revised on: