

Cascade School District No. 422

Concern You Would Like Addressed

(Please keep your presentation 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 _____

Response to Concern

Person Responding _____ Response Date _____

Method used to communicate response: _____

Actions taken to investigate concern:

.....
.....
.....
.....
.....

People contacted in gathering information upon which to make decision:

.....
.....
.....
.....

Findings of investigation:

.....
.....
.....
.....
.....

Decision:

.....
.....
.....
.....
.....

Results of communicating the decision:

.....
.....
.....
.....

Signature

Policy History:

Adopted on: 7/15/09

Revised on: