



## Family Concern Form – Level One (Principal)

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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 that gives rise to the complaint 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? \_\_\_\_\_
6. What steps have you taken to address this complaint informally?

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7. What remedy do you seek to this complaint?

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

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