

The Informal Complaint Resolution Process begins by scheduling an informal conference using the *Student/Parent Concern Form* below.

Parent Name:	Telephone:		En	nail Address:
Student First Name:		Student Last Name:		
Student Grade:		Teacher Name:		
Please state concern to include as man	-	-	lo which occurs du	ring the school day.
A teacher's availability depends on his/her planning schedule which occurs during the school day. Please provide 2 of your best weekdays in which you are available to meet with the teacher. A scheduled meeting will be provided by the teacher via email within 5 business days of this submission.				
□Monday □Tuesday	□Wednes	day	□Thursday	□Friday