

**RICHLAND SCHOOL DISTRICT
CONCERN FORM**

Instructions: Complete the first part of this form if you believe district rules, procedures, or policies were not followed. Thank you.

Name of Person Making Concern (Please print)

Date

Address

Telephone

Describe your concern. Include the date of occurrence, and the rule, procedure, or policy that was violated.

Signature of Person Making Concern _____

Person Receiving Concern Form _____

Date _____

Person Assigned to the Concern _____

Date _____

INVESTIGATION – address the following questions, and any others that may arise.

What rule, procedure, or policy was allegedly violated? _____

Who did you interview? _____

What documents are attached? _____

CONCLUSION – decide whether a violation occurred. No ____ Yes ____ Please describe how you arrived at your decision.

ACTION TAKEN – describe any action taken to correct the situation. Attach document(s) if necessary.

Investigator should sign and date the form when done. Return to District Office. Copies will be sent to the person making the concern, board members, and the file.

Date _____