

# PENN HILLS SCHOOL DISTRICT

## PARENTAL CONCERN FORM

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Item(s) of Concern (*Please describe*):

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Proposed Parent/Guardian Solution:

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Results:

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To better serve in resolving issues within the District, please complete this form and describe concerns with details necessary to investigate and solve your concerns. Deliver the form to the school building principal. The principal will mail copies and deliver it to the following:

Parent/Guardian → Teacher → Principal → Designated Director → Superintendent

Each Level of intervention should allow five (5) days to process complaint.

