

Park Rapids Area Schools  
Independent School District #309

**SCHOOL DISTRICT #309**  
**CONCERNS, CONFLICTS AND COMPLAINTS FORM**

Name of person filing complaint: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
(telephone number) (address)

1. These are my specific concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have informally reviewed/discussed these concerns this school year with the following school district personnel:

NAME/DATE/LOCATION OF DISCUSSION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I would like to see the following resolutions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I have observed the situation myself: \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, Date: \_\_\_\_\_/Time: \_\_\_\_\_/Place: \_\_\_\_\_

\_\_\_\_\_

If no to question #4, who did you hear it from and when?

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature