

**Request for Investigation of
Emergency Safety Intervention (ESI)**

Parent/Guardian _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Student Name _____ Date of Birth _____

School Student is attending _____ Grade _____

Please respond to the following questions.
(Attach additional pages if needed)

Date the Emergency Safety Intervention (ESI) occurred: _____

What is your concern about the Emergency Safety Intervention (ESI)?

In your opinion, how should this concern be resolved?

Parent/Guardian Signature

Date

**Note: Geary County School Board Policy GAAF provides that within 30 days upon receipt of a written, signed complaint from a parent that school personnel have not complied with Board Policy regarding ESI use with a student, the Superintendent or his/her designee(s), acting on behalf of the Board, will complete an investigation of the parent's concern and develop a written report of findings. You may be contacted by the person(s) conducting the investigation to request clarification about your concern. If the findings include an instance of noncompliance with Board Policy GAAF, a corrective action will be required. A copy of the report will be sent to you, the school and the Kansas State Department of Education.*

Please mail the completed document to the following address:
Superintendent of Schools
Geary County School District
123 North Eisenhower Drive
Junction City, Kansas 66441

If you have questions regarding the completion of this form or the investigation process, contact the Superintendent's Office at (785) 717-4000.