

Jerome Joint School District No. 261

Concern You Would Like Addressed

(Please keep your presentation to one sheet. Thank you.)

Name: _____ Date _____

Mailing Address: _____

Phone Number(s): _____

Subject:

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Problem:

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Examples that validate the problem:

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Results:

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Suggested Solutions:

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Response Date: _____

Person Responding _____

Response to Concern

Person Responding _____ Response Date _____

Method used to communicate response: _____

Actions taken to investigate concern:

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People contacted in gathering information upon which to make decision:

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Findings of investigation:

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Decision:

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Results of communicating the decision:

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Signature

Policy History:
Adopted on: 10/24/06
Revised on:
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