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PARENT & COMMUNITY CONCERNS FORM

FORM 176A

Kee Tas Kee Now Tribal Council Education Authority is committed to resolving concerns and complaints from parents or community members in a timely, and respectful manner. Under most circumstances' complaints are best resolved as close to the source of the complaint as possible. The procedure for all Parent and Community member concerns can be found under AP 176 Parent and Community Concerns and Complaints in the Administrative Procedures. For other questions call the KTCEA Central Office at 780-649-3103.

Parent/ Community Member Information

Requested by: _____ Request Date: _____

Mailing Address: _____ City: _____ Postal Code: _____

Email: _____ Phone: _____

Student Information (If applicable)

First and Last Name: _____ KTCEA ID#_____

Primary Address: _____ City: _____ Postal Code: _____

School Name: _____ Grade: _____

Concern/Complaint Information:

What is your concern or complaint?

Attach a copy of any additional information that you would like to provide. This should be a description in your own words about your own concern or complaint. Include all names, dates and places for a complete understanding of your concern or complaint.

_____

_____

_____

_____

_____

_____

_____

_____

Please use the back of this document or a blank page If you need more space to explain your concern or complaint.

What action would you like your school or Kee Tas Kee Now Tribal Council Education Authority to take about this matter? Please state reasons.

_____
_____
_____
_____
_____
_____
_____
_____

Have you spoken with any KTCEA personnel regarding your concern or complaint?

☐ Yes ☐ No

If so, what was the staff member(s) name(s) _____

What were the results of the discussion or steps taken to resolve the matter?

_____
_____
_____
_____
_____
_____

Please be advised that your concern or complaint will be shared with the Principal and/or Associate Superintendent and may be sent to the Superintendent if not resolved.

_____ _____

Parent/Community Member PRINT NAME **Parent/Community Member SIGNATURE**

Date: _____

The personal information on this form is collected under the authority of the Personal Information Protection Act. The information will be disclosed only to those individuals who need the information in order to enable them to review and respond to your concerns or complaints. If you have any questions about the collection of information, please contact the KTCEA Central Office.

FOR INTERNAL USE ONLY

Receipt of Form

Staff Member Name: _____Date Received: _____

Follow-up:

Other Employees/Supervisors Informed:

_____

_____

_____

Actions taken to resolve the matter:
(Describe actions taken by the staff member)

_____

_____

_____

_____

_____

_____

What was the outcome:

_____

_____

_____

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_____

_____

_____

_____

Other Follow-up needed:

_____

_____

_____

_____

_____