Community Concern Form

Our Department takes pride in promptly responding to educationally related concerns from our community. Please provide all of the information requested, so we may process a response.

Personal Information of Person Registering Concern:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Home Telephone Number</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Other Contact Telephone Number</th>
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<th>City, State, Zip Code</th>
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Detailed Explanation of Concern – (Attach Additional Documentation, if Necessary)

What is the Concern:

____________________________________________________________________________________

____________________________________________________________________________________

Date, Time and Location of Occurrence:

____________________________________________________________________________________

Names of People Involved:

____________________________________________________________________________________

Who was contacted:

( ) School Superintendent  ( ) School Guidance  ( ) Transportation
( ) School Principal      ( ) Title VII       ( ) SNI Executive
( ) Law Enforcement       ( ) Higher Education ( ) Other

What was the response:

____________________________________________________________________________________

This Section for SNI Education Staff Use:

This concern is from:

( ) Parent/Student  ( ) Community Member  ( ) SNI Employee  ( ) Other: _________

School District Involved:

( ) Gowanda Central  ( ) Lake Shore Central  ( ) Silver Creek Central
( ) Other: ___________

Who can resolve matter:

( ) Intake Staff  ( ) Academic Assistance Coordinator  ( ) SNI Education Director
( ) Transportation Coordinator  Other: ___________

____________________________________________________________________________________

Name of Intake Staff | Date of Intake
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