

NORTHWEST SCHOOL DIVISION #203  
606 – 5<sup>th</sup> Avenue West  
Meadow Lake, SK, S9X 1A9  
Phone 236-5614



### Concern Referral Form

*Northwest School Division #203 Policy requires that, in almost all situations, criticisms or concerns regarding schools or staff be directed to the person most closely involved with or responsible for the problem area. If you are unsuccessful in spite of your best efforts to calmly and reasonably express your concern, you should accept that situation and move to the next level. Experience has shown that it is most effective if the complaint has been written up in sufficient detail. This form is intended to fulfill that requirement and to ensure that thorough investigation and action be taken by appropriate personnel. A follow up to the referral will be sent to the person raising the concern, if requested. Reference Policy – Parental Complaints About Teachers (FEG). Generally school concerns go through the following route: (1) Teacher, (2) Principal, (3) Director, (4) Board of Education, (5) Regional Director, (6) Minister of Education. All “in good faith” concerns properly signed shall not be subject to punitive action.*

_____	_____
<b>Name</b>	<b>Address</b>
_____	_____
<b>Date</b>	<b>Phone Number</b>
_____	_____
<b>Referral To:</b>	<b>Position</b>

1. **Nature of Concern:** [Administration, Program, Teacher, Other . . .  
Please specify general concern or complaint]

2. **Specific Details of Concern/Incident(s):**  
[include names, actions, dates, times, and places...etc.]

3. Explain in detail what has occurred in your attempt to solve the concern at the initial level. Include what has happened (or did not happen) when you talked with the person or persons at the initial level. *Note times, dates, person or persons talked to about the concern.*

4. If your problem or concern is not solved or addressed you may wish to go to the next level or levels. It is important that you record the details as in 3. above as you move up the administrative structure. *Attach page(s) as necessary.*

5. What do you want to result from this referral?

6. Do you want a follow up report? Yes [ ] No [ ] Written \_\_\_\_ Oral \_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
*Action: (For office use)*