**BOARD OF EDUCATION**

**SCHOOL DISTRICT NO. 50 (HAIDA GWAII)**

**RESOLUTION REQUEST FORM**

This form is to be completed once all other steps of the Communication Protocol have been exhausted. The person who experienced the problem should normally fill in this form. If you are making a request on behalf of someone else please fill in Section B also. Please note that before taking forward the request we will need to be satisfied that you have the authority to act on behalf of the person concerned.

**A. Your details**

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Daytime Telephone: | Mobile: |
| Mailing Address: | |
| Email Address: | |
| How would you prefer us to contact you? | |

**B. If you are making a request on behalf of someone else, what are their details?**

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| Their name in full: |
| Mailing Address: |
| What is your relationship to them? |
| Why are you making a complaint on their behalf? |

**C. About your concern**

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| Name the school or department you are concerned about: |
| What do you think they did wrong or did not do? |
| Describe how you have been affected. |
| When did you first become aware of the issue? |
| If it is more than three months since you first became aware of the issue, please give the reason why you have not addressed it before. |
| What do you think should be done to put matters right? |
| Have you already addressed your concern with a member of staff? If so, please give brief details about how and when you did so. |

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| --- | --- |
| **Signature:** | **Date:** |

**Please send this form and any documents to support your concern in confidence to the Superintendent of Schools at the district administration office.**

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| **OFFICIAL DISTRICT USE** | |
| Date acknowledgment sent: | By whom: |
| Concern referred to: | Date: |