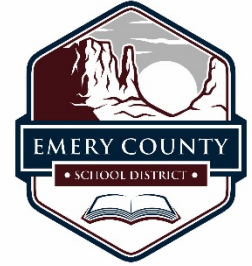


Emery County School District

Public Complaint Resolution Request Form



Name(s): _____

Address: _____

Email Address: _____ Phone Number: _____

Preferred Form of Communication: _____

Nature of Complaint / Incident (include dates & names of individuals involved): _____

Steps Already Taken to Resolve Concerns: _____

Requested Resolution: _____

Signature: _____

Date: _____