



EXPRESSED CONCERNS FORM 意见反馈表

SERIAL NO.序号_____ DATE 日期_____ TIME 时间_____ REC'D BY 记录人_____

EXPRESSED CONCERN RECEIVED FROM: PARENT STUDENT STAFF OTHER_____
反馈意见人： 家长 学生 教职员 其它

NAME 姓名_____ PHONE NUMBER 电话_____

BRIEF DESCRIPTION OF THE CONCERN 意见简述_____

DOES THIS INVOLVE A STUDENT? 是否涉及学生? _____YES 是 _____NO 否

STUDENT NAME/GRADE 学生姓名/班级_____ TEACHER 教师_____

DOES THIS INVOLVE A STAFF MEMBER? 是否涉及教职员 _____YES 是 _____NO 否

STAFF NAME AND DEPARTMENT 教职员姓名和部门_____

FORM SUBMITTED TO 提交至_____ DATE 日期_____

SIGNATURE OF RECEIVER 签收 _____ DATE 日期_____

ACTION TAKEN/RESOLUTION 采取措施/解决方案

DATE 日期_____ PHONE CALL 电话 MEETING 会议 ADMINISTRATOR 主管_____

NOTES 备注_____

RESOLUTION CONFIRMED BY 回访签字确认 _____