



FORMAL FAMILY CARE PROCESS FORM

Date of Submission: _____ **Date of Incident (if appropriate):** _____

Your name: _____ **Pupil's name and grade:** _____

Your relationship to the pupil: _____

Daytime phone: _____ **Evening phone** _____

Email: _____

Preferred contact method: _____

Please give details of your incident or issue: (Include what has transpired; who was involved; dates and locations, if relevant.)

Have you previously tried to resolve your incident or issue?

(What actions, if any, you have taken. Please include who you spoke to, and their response.)

What is your proposed solution for the incident or issue?