

# Site Concerns Form

Please fill in the information below and return it to your area representative.

## Employee Information

Site Leader Name:

Site:

Name of Member with Concern:

Members Contact #:

Urgency Rating: 1 2 3 4 5 (circle one) 1 being most urgent 5 being least urgent

Date Concern Began or Occurred:

Today's Date:

## Goals

What is the concern at this site which needs the attention of the WDEA?

Do you feel that employee rights have been violated or that Due-Process has not been given? Please explain.

Previous to filling out this form, what actions have been taken regarding this concern? (Emails, meetings etc)

Please describe an equitable resolution to this concern?

## Comments

Additional Comments:

***Please return this form to your Area Representative  
Washing District Education Association***