**Concern / Issue Reporting Form**

*Please submit form and supporting documents either through mail to KPSAHS, Attn: Concern / Issue Reporting, 938 Marina Way South, Richmond, CA 94804 or email to* *complaints@kpsahs.edu**.*

|  |  |
| --- | --- |
| Your Name: |  |
| Student ID Number |  |
| KPSAHS Program |  |
| Preferred Phone: |  |
| Preferred Email: |  |

Please describe your concern / issue and provide as much detail as possible as possible. Answers to the questions below should be described in detail, as applicable (attach additional sheets as needed):

* Is this a concern / issue about a specific event? If so, please describe the date, time, location, department, and individuals present during the event.
* Describe the nature of the concern / issue.
* What steps have you taken to resolve the concern / issue?
* What would you consider a proper solution to the issue?
* Do you have any documentation (photographs, emails) of the issue? If so, please submit along with this form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KPSAHS adheres to Kaiser Permanente’s non-retaliation policy for all students who submit complaints / issues for investigation.

Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investigated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution: