



Mat-Su Borough School District Conflict Resolution Form

Please provide the below information as completely as possible so the Mat-Su Borough School District can review your concern. Upon signing, the form will be routed to the Superintendent's Office. You will receive confirmation of its receipt along with additional information on the timeline and process that will follow within 10 calendar days.

Name:

Mailing Address:

City: State: Zip Code:

Email:

Phone Number:

Stakeholder ID: Complaint Type:

Who or what your complaint is against:

School/Department: Position:

Has this been discussed with him/her? Yes No

If yes, please list the nature of the discussion and when it occurred:

Has the complaint been discussed with the school principal or department supervisor?

Yes No

If yes, please list the nature of the discussion and when it occurred:

Do you currently have pending, or have you ever, filed an action related to this Complaint with any other agency including but not limited to the Alaska Labor Relations Agency (ALRA), Professional Teaching Practices Commission (PTPC), Office of Civil Rights (OCR), Workers Compensation, Alaska Commission for Human Rights, EEOC, special services due process, legal proceeding, or grievance procedure? Yes No

If yes, please list the following:

Agency: Date of Action:

Outcome:

Description of Complaint: Please include all important information such as location, names, dates, who was present, and to whom it was reported.

Please attach additional pages of explanation if need be and/or any other relevant documents such as emails, pictures or letters here:

What remedy or action are you requesting?

Signature:

Date:

