South Burlington School District
FEEDBACK PROCESS

The South Burlington School Board and Administrators welcome your constructive feedback and/or praise regarding our delivery of education services and ask that you use this form and process to help us resolve your concerns or direct recognition to appropriate staff. School leaders will make every attempt to respond to your feedback within 72 hours.

School/District: ____Chamberlin      ____ RM Central      ____Orchard
                  ____ Tuttle       ____ High School      ____ District

Your Name: ___________________________________ Today’s date: ______________

Contact Information: (phone) ___________________________ (email) __________________

Your Role: _______ Parent  _______ Community Member  _______ Business  _______ School Employee
         _______ Student  _______ Other __________________

Please Help Us Categorize Your Feedback Below:

______Suggestion      _______ Complaint     _______ General Feedback

______Idea for Consideration     _______ I Have Expertise And Am Willing To Work with District Personnel


What Do You Hope Will Happen As A Result Of Communicating This Feedback?

Have You Communicated Your Feedback/Interest To School Leaders Previously?

_____Yes  _____ No

If Yes, Whom Did You Communicate With? _______________________________________

What Steps Were Taken to Address Your Initial Feedback?
Internal Feedback Resolution Process

Route All Feedback Through the Superintendent

Who Received the Initial Feedback?

____ School Board Member  ____ Principal  ____ Superintendent  ____ Staff Member

Date Feedback Received by Staff/School Board Member: ______________________

Date Feedback Received By Assistant Superintendent: ______________________

Date of Initial Response to the Individual Who Submitted the Feedback: ________

Routing Plan for Feedback Resolution:

____ Principal  ____ Teacher  ____ Staff  ____ Central Office Administrator

_____ Superintendent  _____ Law Enforcement  _____ State Agency

Possible Implications:  _____ Legal  _____ Health  _____ Safety  _____ Educational

Initial Resolution:

Date Resolved: ______________________

If Not Resolved, Next Steps:

Unresolved Feedback Prompts Which Type of Investigation: (check all that apply)

_____ Child Abuse/Neglect  _____ Student/Bullying Harassment  _____ Student Cyber Bullying

_____ Student Hazing  _____ Fight  _____ Ethics

_____ Student Discipline  _____ Drug Investigation  _____ Intruder

_____ Larceny  _____ Motor Vehicle  _____ Breaking and Entering School

_____ FERPA  _____ District Policy Violation  _____ Staff Harassment

_____ Hostile Work Environment  _____ Conflict of Interest

_____ Other _____________________________

Final Feedback Disposition: ______________________________________________________

Date Resolved: __________________________________________________________________