



**PCHS ATHLETIC DEPARTMENT CONCERN FORM**

Date: \_\_\_\_\_ For Information Only \_\_\_ For Further Action \_\_\_ Conference Requested

**PLEASE PRINT INFORMATION REQUESTED**

Name (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Circle One: Parent/Guardian Student Employee Other

Student-Athlete Name (If Applicable) \_\_\_\_\_

**Brief Description of Concern:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please direct my concern to the appropriate school personnel. I have spoken with:

**Coach** (Name) \_\_\_\_\_ Sport \_\_\_\_\_

Outcome: \_\_\_\_\_  
\_\_\_\_\_

**Athletic Director** - John Achen

Outcome: \_\_\_\_\_  
\_\_\_\_\_

**Assistant Principal, Student Activities, Athletics & Discipline** - Russ Howard

Outcome: \_\_\_\_\_  
\_\_\_\_\_

**Other School Staff Member**

Outcome: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I am dissatisfied with the outcome(s) stated above and would like to take my concern to the next level:  
\_\_\_ Administrator \_\_\_ ED & Principal \_\_\_ Board of Trustees. Please leave form with personnel in the Athletics Department Office. It will be forwarded to the appropriate staff member.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name of Person receiving form (Print) \_\_\_\_\_ Date Received \_\_\_\_\_