

**Meetings**

**Meetings – Participation by Public**

**REQUEST TO APPEAR BEFORE THE  
BALLARD R-II BOARD OF EDUCATION**

Concern initiated by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Concern represents : \_\_\_Himself/Herself \_\_\_Student \_\_\_Organization (specify):  
\_\_\_\_\_

What is your concern? Use full names, dates and exact occurrences, if appropriate. Attach additional pages if necessary. \_\_\_\_\_

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

Check the levels of school administrative units with whom you have discussed this complaint:  
\_\_\_Teacher/Staff Member \_\_\_Principal \_\_\_Department Director \_\_\_Superintendent/Designee  
\_\_\_Other (specify): \_\_\_\_\_

What response have you received from these different administrative levels? \_\_\_\_\_

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

This form must be returned to the Superintendent’s office at least five (5) school days prior to the scheduled board meeting to which it pertains. The Board reserves the right to defer and redirect concerns that have not been investigated to the appropriate administrative level(s). There is a limit of ten(10) minutes for your concern.