HTA Site Concerns

Your Name: ________________________________

Date: __________________ Site: ____________________

ALL INFORMATION IS KEPT WITHIN THE WALLS OF THE HTA OFFICE.

NOTHING goes to the DISTRICT unless YOU request it!

Briefly describe your concern:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What have you done to try and remedy this concern? Please list on the lines below.

Discussed it with your site administrator? ☐

Do you have a “paper trail? ☐

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List Possible Solutions:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List a phone number and personal e-mail address where you can be reached, Outside of your contracted day.

_____________________________________________________________________

Please return this form to the HTA office.