

CLINCH COUNTY SCHOOL BOARD - 46 S. College St. Homerville, GA 31634
PUBLIC PARTICIPATION REQUEST FORM

Public Participation request forms should be hand-delivered to the Superintendent's office **at least 24 hours prior** to the regular Thursday night meeting.

SECTION I: GENERAL INFORMATION

Name: _____	
Address: _____	
Organization, if any, on whose behalf you wish to appear:	
Name: _____	Address: _____
Home/Cell #: _____	Business #: _____
Subject matter you wish to discuss and statement of desired outcome:	

SECTION 2: To be completed only if you plan or expect to make a complaint or report.

Name and title of person you wish to report of wrongdoing, improper action, or neglect on the part of any school district official, teacher, administrator, board member, superintendent, or other employee: _____
State briefly the facts that arise to your complaint or report, stating dates, places, what was done or not done that you wish to report, and why you consider it to be improper.

My signature indicates that I have read the Board Policy BCBI and agree to abide by the policy when addressing the Board of Education. I understand if several persons are part of the same group or organization or wish to be heard on the same issue, only one person may be heard.

Printed Name: _____ Date: _____

Signature: _____ Phone # _____

To Be Completed by Clinch County Board of Education		
Received and acknowledged by: Name: _____		
Title: _____	Date: _____	Time: _____