

GREENFIELD PUBLIC SCHOOLS

APPENDIX A

INCIDENT REPORTING/COMPLAINT GRIEVANCE FORM

1. Name of Reporter/Complainant: _____

2. Check whether you are the
Target (of the behavior): _____ Reporter (not the target of the behavior): _____

3. Check whether you are a: Student _____ Staff member _____ Other (specify) _____
Parent _____ Administrator _____

3a. Provide your contact information/Tel. No: _____

4. Information about the Incident:

Name of target of behavior: _____ Check whether: Student _____ Staff _____ Other _____

Name of Subject: _____ Student _____ Staff _____ Other _____

Date(s) of Incident: _____ Time(s) Incident(s) Occurred: _____

Incident Location (be as specific as possible): _____

5. Witnesses: (List people who saw the incident or have relevant information about the incident):

Name: _____ Student _____ Staff Member _____ Other _____

Name: _____ Student _____ Staff Member _____ Other _____

Name: _____ Student _____ Staff Member _____ Other _____

6. Describe the details of the incident (the names of persons involved, what occurred, and what each person did and said, including specific words used; use additional paper if necessary):

7. Signature of Reporter/Complaint: _____ Date: _____

8. Form Provided to: _____ Position: _____ Date: _____

Return completed Form alleging discrimination conduct to the Principal