

BABCOCK NEIGHBORHOOD SCHOOL GRIEVANCE FORM

If you want to report an incident or complaint, or you believe that you have been discriminated against, harassed, or retaliated against in violation of BNS's policies, you must completely fill out the appropriate sections of this form and submit it according to the instructions on the last page, within ninety (90) calendar days of learning of the grievous incident.

Copies of the Non-Discrimination and Anti-Harassment Policy and the Grievance Policy and Procedure may be obtained from any Principal. Copies of these policies are also available on the school website. Review the Grievance Policy and Procedure for more details and ensure that you are familiar with it. This form and BNS policies are subject to revision. Keep a copy of this form for your records. No one may be retaliated against for filing a grievance or for supporting a discrimination or harassment allegation.

I. WHO IS FILING THIS GRIEVANCE?

(A) Full Name: _____

(B) Address: _____

(C) Phone Number: _____ (home) _____
(alternate number)

(D) Are you the parent or legal guardian of a student alleging a complaint or grievance?

YES or NO (circle one)

If you answered "yes" to the above question, complete sections (1)-(3) below:

(1) Student Name: _____

(2) Address: _____

(3) Phone number: _____ (home) _____
(alternate number)

II. THIS GRIEVANCE ALLEGES:

Please check as many boxes as apply to this Grievance.

(A) Discrimination or Harassment Based on: Race Color Religion Creed Sex (including gender, pregnancy, sexual orientation) National Origin Age Disability Veteran Status

(B) Retaliation Related to Discrimination or Harassment Complaint Based on: Race Color Religion Creed Sex (including gender, pregnancy, sexual orientation) National Origin Age Disability Veteran Status

(C) Manner of Alleged Discrimination, Harassment and/or Retaliation: Physical Verbal Visual Unwelcomed Romantic or Sexual Attention Discriminatory Assignments Discriminatory Discipline Other: _____

(D) Other Concern or Complaint:

III. PROVIDE DETAILS OF THE GRIEVANCE

(A) Date(s) of Prohibited Conduct:

(B) Location(s) of Incident:

(C) Identify the accused, witnesses, and those to contact during an investigation. For each individual listed below, include, to the extent of your knowledge, the information requested below.

1. Who Committed the Prohibited Conduct?

Full Name: _____

Job Title: _____

Supervisor: _____

Address: _____

Phone Number: _____

Fax Number: _____

Other Contact Information: _____

2. Who Witnessed the Prohibited Conduct (if anyone)?

Full Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Other Contact Information: _____

Full Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Other Contact Information: _____

If you are aware of other witnesses, please attach additional pages

(D) Details of the Grievance:

Please carefully and completely describe the Prohibited Conduct about which you are complaining. Include all facts you wish to be considered with respect to your Grievance. If you feel you need to attach additional pages, please do so.

IV. PLEASE SIGN AND DATE

_____ Date _____

V. SUBMISSION OF THIS GRIEVANCE

Please immediately send this completed form to the Principal by facsimile, mail, or email. (See Grievance Policy and Procedure for contact information.)