



Student Concern/Grievance Form

Today's Date: _____
mm/dd/yyyy

Date of incident: _____
mm/dd/yyyy

The incident took place...

Where? _____

What type of incident took place? (Ex. Physical/verbal/sexual harassment, vandalism, fighting)

Names of people involved, school attended, and their role: (W=Witness, V=Victim, P=Participant, O=Other)

	Name	School	Role (W,V,P,O)
Person 1	_____	_____	_____
Person 2	_____	_____	_____
Person 3	_____	_____	_____

If more people were involved, please attach a separate sheet using this format.

Description (Be specific when describing the event.)

Does an adult know about this incident? Yes No

Who? _____

Confidentiality Statement

This form is being used to provide a confidential avenue for reporting your concerns. The information you provide will be kept in the strictest confidence.

However, we are bound by law to share with law enforcement officials any information that indicates that you or another person have committed or are about to commit an act which may be harmful to yourself or others.

False reporting of an incident is against state law and school policy.

Section 240.50 of the New York State Penal Law states: A person is guilty of falsely reporting an incident when, knowing the information reported, conveyed or circulated to be false or baseless, he/she initiates a false report or warning of an alleged occurrence or impending occurrence of a crime, catastrophe or emergency under circumstances in which it is not unlikely that public alarm or inconvenience will result. This is a Class A Misdemeanor.

My Name Is (Print): _____

My Name Is (Signature): _____

My Grade Is: _____ The Building I Attend Is: _____

My Contact Information: Phone () _____ Email _____

Please fill out and send this form to Erie 1 BOCES compliance officer for Title IX and Section 504:

Melody Jason, Executive Director of Instructional Services
Erie 1 BOCES, 355 Harlem Road, West Seneca, NY 14224
(716) 821-7102, mjason@e1b.org
She is available from 8 a.m. - 4p.m., Monday-Friday