Community High School District 99

**Uniform Grievance Procedure**

**Incident Report**

***To be completed by All Persons Making Complaints and Returned to the Designated***

***District 99 Complaint Manager as noted in above policies***

This Form is designed to assist individuals making a complaint under the Harassment Prohibited Policy (5.20), Harassment of Students Prohibited (7.20) or Uniform Grievance Procedures (2.260). Community High School District 99 is committed to promptly and responsibly investigate all student, parent, guardian, employee or community member complaints indicating that the School Board, its employees, or agents have violated his or her rights. Your cooperation in truthfully completing this form and providing as much accurate information as possible will enable the District designated complaint manager to investigate and respond to these matters more quickly and efficiently.

Your Name:

Today’s date:

Date (or approx.) date of incident:

Please select: Student [ ]  Parent/Guardian [ ]  Staff Member [ ]  Community Member [ ]

 Assigned Work/School Location: North  South  ASC  Garage 

Describe what occurred: (provide dates and times; provide as much detail as possible. Attach additional sheets if necessary.)

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