



Greater New Bedford Regional Vocational Technical High School

Staff-Related Incident/Complaint Report Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO HUMAN RESOURCES. THERE IS A COMPLAINT BOX ON THE WALL OUTSIDE OF THE HUMAN RESOURCES OFFICE, ROOM J135, OR YOU CAN COMPLETE THE FORM ONLINE AND EMAIL IT TO HUMAN RESOURCES AT NANCY.MARKEY@GNBVT.EDU OR PAM.SMITH@GNBVT.EDU.

The purpose of this form is to record information required to initiate an inquiry and/or investigation into an alleged violation of the School’s Student Handbook and/or Employee Handbook. All reasonable efforts will be made to maintain the confidentiality of the parties involved during the inquiry/investigation process.

It is unlawful to retaliate against a student, employee or any other person in the school for filing a complaint or for cooperating in an investigation of a complaint.

Date: _____ **Date(s) of alleged incident(s)** _____

Location of Incident: _____

Name: _____

Check One: Student _____ Employee: _____

Student ID#: _____ **Year of Grad:** _____ **Dept./CVTE Shop:** _____

Type of alleged act (please check applicable category):

- | | |
|----------------------------------|--|
| _____ Race/Color/National Origin | _____ Retaliation |
| _____ Inappropriate Comments | _____ SexualHarassment |
| _____ Disability | _____ Sexual Orientation/Gender Identity |
| _____ Religion | _____ Other Please describe: |

Name of individual(s) you believe is directly involved in the act (please include names and indicate if they are teachers, staff or students): _____

List any witnesses (please include if they are teachers, staff or students): _____

Description of the incident – please list the sequence of events, including dates, if possible, what was said and done, and any relevant facts and statements:

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(If additional writing space is needed, please attach additional sheets)

Received by (School Official’s name/title:

To the best of my knowledge and belief, the above information is complete, true and accurate and not a “false charge or accusation.”

Print Name/Sign _____
Date Received: _____ **Date**

ACTION TAKEN _____
