

and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any grievance reports that are prepared.

Authorization to disclose identity of complainant: Yes ____, No ____*

*Note that denying disclosure will limit Pickens' ability to respond to the grievance.

Please provide your contact information:

Phone Number: _____ Alternate Phone Number _____

Email Address: _____

Acknowledgement

I, _____, am willing to cooperate fully in the investigation of my grievance and provide whatever evidence that Pickens deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-Pickens Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to Pickens. Please submit this form by email to Kevin Simpson, the Director of Operations & Management at kksimpson@aurorak12.org, mail it to Pickens Registration, 500 Airport Blvd. Aurora, CO 80011, or deliver it to the Pickens Registration Office in Building B.

Signature: _____ Date: _____

Witnessed by: _____

03/04/2020