Pickens Technical College – Aurora Public Schools

Student Grievance / Incident Report Form

Directions: If you believe that you have been subjected to alleged inequity as it applies to Aurora Public School Board Policies and Procedures, or the Pickens Student Handbook, you are required to fill out an incident report form. Pickens can only base its findings and take actions based on the information provided by you.

Printed Name (Complainant):_____ Date of Incident: _____ Program: _____ AM__, PM__, Eve___ Name(s) of who you believe committed the alleged act(s) (Respondent): The person is (check one): Student ____ Employee ____ Volunteer ____ Guest/Visitor ____ Pickens ____

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence.

Identify all individuals with knowledge of the conduct about which you are complaining.

We highly encourage attempting to resolve complaints informally. An Administrator or the Director of Operations & management (DOM) and/or the Campus Monitor will assist in investigating and responding to this grievance.

I agree to participate in an Informal Grievance Process (problem-solving investigation) in attempting to resolve this grievance understanding that I can request a Formal Grievance Process if the grievance is unresolved or fails to meet my expectations: Yes ____, No ____**

**Note that refusing the Informal Grievance Process leaves only the Formal Grievance Process.

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Please describe your desired remedy for this grievance.

Disclosure: To investigate your grievance, it will be necessary to interview you, the alleged respondent,

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-Picken		

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