## Student Grievance / Incident Report Form

## Pickens Technical College - Aurora Public Schools

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 con   | nmitted the alleged a  | act(s) (Responden  | t):                   |           |
| The person is (check one): Stude   | ent Employee           | Volunteer          | _ Guest/Visitor       |           |
| Please describe the alleged incide supporting documentation and every supporting documentation and every supporting documentation and every supporting documentation and every support supporting documentation and every support supp |                        | where it occurred  | d. Also, please attac | h any     |
|  |                        |                    |                       |           |
|  |                        |                    |                       |           |
|  |                        |                    |                       |           |
|  |                        |                    |                       |           |
|  |                        |                    |                       |           |
| Identify all individuals with know   | wledge of the conduc   | et about which you | u are complaining.    |           |
|  |                        |                    |                       |           |
| We highly encourage attempting Operations & Management (DO) to this grievance.   | -                      | •                  |                       |           |
| I agree to participate in an Information resolve this grievance understand unresolved or fails to meet my experience of the second resolved or fails to meet my experience of the second resolved or fails to meet my experience of the second resolved or fails to meet my experience of the second resolved resolve | ding that I can reques | st a Formal Grieva |                       |           |
| *Note that refusing the Informal   | Grievance Process le   | eaves only the For | rmal Grievance Pro    | cess.     |
| Please describe your desired ren   | nedy for this grievand | ce.                |                       |           |
|  |                        |                    |                       |           |

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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-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. To submit this form, please do one of the following: • Attach the completed form to an email and send to Kevin Simpson, the Director of Operations & Management at kksimpson@aurorak12.org, • Mail it to Pickens Registration, 500 Airport Blvd. Aurora, CO 80011 • Deliver it in-person to the Pickens Registration Office in Building B. Signature: Date:

Witnessed by:

05/03/2024