Student Concern/Grievance Form

Today's Date: __________________________ Date of incident: __________________________

Time of incident: __________________________

_____ a.m. _____ p.m.

Please Describe Your Concern:

Where did it take place? ________________________________________________________________
__________________________________________________________________________________

What type of incident took place? (Ex. physical/verbal/sexual harassment, vandalism, fighting)
__________________________________________________________________________________
__________________________________________________________________________________

Names of people involved, school attended and their role:
(W=Witness, V=Victim, P=Participant, O=Other)

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Role (W/V/P/O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
<td></td>
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<tr>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If more people were involved, please attach a separate sheet using this format.

Description: (Be specific when describing the event.)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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Confidentiality Statement

This form is being used to provide a confidential avenue for reporting your concerns. The information you provide will be kept in the strictest confidence.

However, we are bound by law to share with law enforcement officials any information that indicates that you or another person have committed or are about to commit an act which may be harmful to yourself or others.

False reporting of an incident is against state law and school policy.

Section 240.50 of the New York State Penal Law states: A person is guilty of falsely reporting an incident when, knowing the information reported, conveyed or circulated to be false or baseless, he/she initiates a false report or warning of an alleged occurrence or impending occurrence of a crime, catastrophe or emergency under circumstances in which it is not unlikely that public alarm or inconvenience will result. This is a Class A Misdemeanor.

My Name is (Print): __________________________________________________________

My Name is (Signature): ______________________________________________________

My Grade is: ___________ The Building I Attend is: ______________________________

My Contact Information: Phone (_____) ___________ Email ________________________

Please fill out and send this form to the Erie 1 BOCES compliance officer for Title IX and Section 504:

Michael Capuana, Assistant Superintendent of Instructional Services
Erie 1 BOCES, 355 Harlem Road, West Seneca, NY 14224
(716) 821-7462, mcapuana@e1b.org
He is available from 8 a.m. to 4 p.m., Monday through Friday