TECHNICAL COLLEGE OF THE ROCKIES

Where Careers Begin

STUDENT GRIEVANCE / INCIDENT REPORT FORM

IF YOU BELIEVE THAT YOU HAVE BEEN SUBJECTED TO ALLEGED INEQUITY AS IT APPLIES TO DELTA PUBLIC SCHOOL BOARD POLICIES AND PROCEDURES, OR THE TCR STUDENT HANDBOOK, YOU ARE REQUIRED TO FILL OUT AN INCIDENT REPORT FORM. TCR 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): _____

THIS PERSON IS (CHECK ONE): STUDENT____ EMPLOYEE____ VOLUNTEER ____GUEST/VISITOR ___

PLEASE DESCRIBE THE ALLEGED INCIDENT(S), AND WHEN AND WHERE IT OCCURRED. ALSO, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION AND EVIDENCE.

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_____

IDENTIFY ALL INDIVIDUALS WITH KNOWLEDGE OF THE CONDUCT ABOUT WHICH YOU ARE REPORTING.

_____

_____

WE HIGHLY ENCOURAGE ATTEMPTING TO RESOLVE COMPLAINTS INFORMALLY. AN ADMINISTRATOR 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

*REFUSING THE INFORMAL GRIEVANCE PROCESS LEAVES ONLY THE FORMAL GRIEVANCE PROCESS.

PLEASE DESCRIBE YOUR DESIRED REMEDY FOR THIS GRIEVANCE.

_____

_____

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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 COMPLAINTANT: YES ___ NO* ___

*DENYING DISCLOSURE WILL LIMIT TCR'S' ABILITY TO RESPOND TO THE GRIEVANCE.

CONTACT INFORMATION:

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER_____

EMAIL ADDRESS:_____

I,_____, **AM WILLING TO COOPERATE FULLY IN THE INVESTIGATION OF MY GRIEVANCE** AND PROVIDE WHATEVER EVIDENCE THAT TCR 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-TCR 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 TCR. PLEASE SUBMIT THIS FORM BY EMAIL TO TCR ADMIN@TCR.EDU AT OR MAIL IT TO TCR REGISTRATION, 1765 HWY 50. DELTA, CO 81416, OR DELIVER IT TO THE TCR REGISTRATION OFFICE IN BUILDING A.

SIGNATURE:_____**DATE:**_____

WITNESSED BY: _____