

# STEP 1 COMPLAINT FORM FOR VIOLATION OF SCHOOL SAFETY PLAN

School: \_\_\_\_\_ District: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

Job Title/File #: \_\_\_\_\_

Date of Violation: \_\_\_\_\_

Specific contractual article and section alleged to be violated: **ARTICLE 10B**

Check one of the following:

- Violation of plan  Failure to collaborate in good faith  
 Failure to hold Safety Committee meetings  Other

Describe specifically how the school safety plan was violated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific remedy sought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I shall be represented at the conference by: \_\_\_\_\_

Date Filed: \_\_\_\_\_

(SIGNATURE OF COMPLAINANT)