



BEACON CITY SCHOOL DISTRICT

EMPLOYEE CONCERN FORM

Notification Disclaimer: Communications made through this form shall in no way be deemed to constitute legal notice to the Beacon City School District (BCSD) or any of its agencies, officers, employees, agents, or representatives, with respect to any existing or potential claim or cause of action against the BCSD or any of its agencies, officers, employees, agents or representatives, where notice to the BCSD is required by any federal, state, or local laws, rules, or regulations.

PART 1 - YOUR INFORMATION

Person reporting this matter.

Full Name:

Gender: Male Female Nonbinary Prefer not to Say

Are you a District Employee? Yes No **Job Title:** _____

School or Building: Administration BHS RMS Glenham JVF Sargent South Ave

Address _____

Phone Number _____

E-Mail _____

Do you wish to remain anonymous? Yes No
This office will not disclose your identity.

Is this an allegation of retaliation? Yes No

Is this an allegation of sexual misconduct? Yes No

Is this an allegation of verbal or physical abuse (non-sexual)? Yes No

PART 2 - SUBJECT OF YOUR CONCERN

Please enter as much information as you can regarding the primary person or issue involved in the concern.

My concern is in regard to a: Person(s) Issue Unknown Other: _____

Gender of the Person(s): Male Female Nonbinary Prefer not to Say

Are there any victims? Yes No

Describe the issue: _____



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PART 3 - SUMMARY

Please summarize your concern. Please make sure to include any pertinent details.

Date of incident (if applicable): _____
Example: January 7, 2019

Time of incident (if applicable): _____
Example: 8:30 AM

Describe the incident: _____

Staff Name: _____

Date: _____

Staff Signature: _____

THIS SECTION IS FOR DISTRICT USE ONLY - DO NOT WRITE IN THIS AREA

Date form received in HR Office: _____

Administrator(s) & Employee(s) to provide response:	Date response(s) due to person filing form:	Status of Resolution:
1. _____	_____	Resolved/Appealed
2. _____	_____	Resolved/Appealed
3. _____	_____	Resolved/Appealed
4. _____	_____	Resolved/Appealed

Note: The contents of this form and concern shall be kept confidential. Information related to this concern shall be shared only with those employees who can help achieve a resolution.