



# UFT SCHOOL SAFETY COMPLAINT FORM FOR VIOLATION OF SCHOOL SAFETY PLAN / ARTICLE 10B

## STEP ONE

(SUBMIT THIS FORM TO YOUR PRINCIPAL)

School/Worksite:		District:		Region:		Borough:	
Name of Complainant:						Chapter Leader	
Job Title:					File Number:		
Violation Date:							
	(Where Applicable)	MM	DD	YY			
Specific contractual article and section alleged to be violated:						<b>Article 10B</b>	

<b>Please check <u>one</u> of the following:</b> (Provide details below)			
<input type="checkbox"/>	Violation of School Safety Plan	<input type="checkbox"/>	No training on Chancellor's Regulations (A-400 Series)
<input type="checkbox"/>	Failure to hold Safety Committee Meetings	<input type="checkbox"/>	No Student Removal Process
<input type="checkbox"/>	Failure to collaborate in good faith	<input type="checkbox"/>	Other
<input type="checkbox"/>	Failure to share incident reports	<input type="checkbox"/>	

<b>Describe specifically the circumstances of violation:</b>

<b>Specific remedy sought:</b>

I shall be represented at the conference by:	
Signature of Chapter Leader	
Date Filed:	<input type="text"/> <input type="text"/> <input type="text"/>
Signature of Complainant:	

MM DD YY

**Principal Must Respond within 24 Hours**

**PLEASE FAX A COPY OF THIS FORM TO YOUR VSP BOROUGH REP**