



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

STEP ONE

(SUBMIT THIS FORM TO YOUR PRINCIPAL)

Principal Must Respond within 24 Hours

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:						Article 10B	

Please check <u>one</u> of the following: (Provide details below)			
<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"/>	No SAVE Room
<input type="checkbox"/>	Failure to share incident reports	<input type="checkbox"/>	Other
<input type="checkbox"/>	No training on Chancellor's Regulations (A-400 Series)		

Describe specifically the circumstances of violation:

Specific remedy sought:

I shall be represented at the conference by:	
Signature of Chapter Leader	
Date Filed:	
Signature of Complainant:	

MM DD YY

PLEASE FAX A COPY OF THIS FORM TO YOUR UFT DISTRICT REPRESENTATIVE