

## APPENDIX D: MODEL FORMS

### SCHOOL RESOURCE OFFICER (SRO)/SCHOOL SECURITY OFFICER (SSO) GRIEVANCE

#### Student (if applicable)

Name		Student ID #	
Date of Birth		Age	
Grade		School	
Address		City, State Zip	
Phone		Email	

#### Parent(s) (if applicable)

Name 1		Name 2	
Address		Address	
Phone 1		Email 1	
Phone 2		Email 2	

#### Complainant (if not a student or parent)

Name		Title	
Organization			
Address		City, State Zip	
Phone		Email	

#### SRO or SSO

SRO		OR	SSO	
Name			Name	
School		School		

#### Others Present/Witnesses

Name	Student, Parent/Guardian, Staff, or Other

#### Incident Information

Date		Time	
Location			

#### Type(s) of Misconduct (mark with an "X" all that apply)

<input type="checkbox"/>	Impermissible search	<input type="checkbox"/>	Harassment or bullying
<input type="checkbox"/>	Impermissible questioning	<input type="checkbox"/>	Discrimination
<input type="checkbox"/>	Impermissible use of force	<input type="checkbox"/>	Other (specify):

**Incident Description** (Include as much detail as possible. Attach additional pages, if necessary.)

**Requested Remedies** (What are you seeking from this complaint?)

**Additional Information** (if available)

*To the best of my knowledge, all of the information above is true.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Received By		Date Received		Complaint #	
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**SCHOOL RESOURCE OFFICER (SRO)/SCHOOL SAFETY OFFICER (SSO) GRIEVANCE RESPONSE**

Complaint #		Date Prepared	
Grievant		Officer	

**Description of Investigation** (Include all information considered.)

**Findings of Fact** (Include any specific laws, regulations, and/or policies violated, if applicable.)

**Remedies** (Include individual and systemic remedies, if necessary.)

*To the best of my knowledge, all of the information above is true.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**GRIEVANCE APPEAL****Person Submitting Appeal**

Name				Complaint #			
Title (check one)	<input type="checkbox"/> Student	<input type="checkbox"/> Parent	<input type="checkbox"/> SRO	<input type="checkbox"/> SSO	<input type="checkbox"/> Other (specify):		
Address				City, State Zip			
Phone				Email			

**Reason(s) for Appeal** (Attach additional pages, if necessary.)
**Requested Outcome** (What are you seeking from this appeal?)
**Additional Information** (if available)
**Hearing** (check one)

<input type="checkbox"/> I <u>do</u> want an in-person panel hearing.	<input type="checkbox"/> I <u>do not</u> want an in-person panel hearing.
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*To the best of my knowledge, all of the information above is true.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Received By		Date Received		Complaint #	
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**GRIEVANCE APPEAL RESPONSE****Hearing** (if applicable)

Date		Time		Complaint #	
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**Panel Members**

Name	Title	Signature

**Outcome** (check one)

<input type="checkbox"/>	Report Fully Adopted	<input type="checkbox"/>	Findings of Fact Modified (only)
<input type="checkbox"/>	Remedies Modified (only)	<input type="checkbox"/>	Findings of Fact and Remedies Modified
<input type="checkbox"/>	Additional Investigation Ordered	<input type="checkbox"/>	Other (specify):

**Modifications to Facts and/or Remedies** (if applicable)

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**Additional Investigation and Reasons for Ordering** (if applicable)

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**Response**

Issued By		Date	
Issued To		Method of Issuance	

**SCHOOL-BASED COURT REFERRAL FORM****Student**

First Name		Middle Name	
Last Name		Nickname	
Division		School	
Grade		IEP/504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		LEP	<input type="checkbox"/> Yes <input type="checkbox"/> No
City, State Zip		Phone	
Date of Birth		Age	
Height		Weight	
		Sex	
		Race	
		Hair	
		Eyes	

**Parent(s)/Guardian(s)**

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
Phone		
Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Complainant**

Name		Title/Position	
Employer		Badge No.	

*I, the Complainant, hereby affirm that, to the best of my knowledge, there exists the following evidence establishing probable cause that the student named above did commit the following offense(s).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Offense(s)**

Date		Time	
School		Address	
Code Section	Offense	Code Section	Offense
Description (attach additional pages, if necessary)			

**Response(s)**

Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Detention	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**FOR SRO SUPERVISOR AND PRINCIPAL USE ONLY**

Received By		Date Received	
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**USE OF FORCE FORM****Student**

Name		Date of Birth	
Division		School	
Grade		IEP/504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	

**Officer**

Name		Title/Position	
Employer		Badge No.	

**Force Used** (check all that apply)

<input type="checkbox"/>	Gun/Firearm	<input type="checkbox"/>	Handcuffs/Other Restraint Device	<input type="checkbox"/>	Physical Restraint (ex. arm hold)
<input type="checkbox"/>	TASER/Stun Gun	<input type="checkbox"/>	Pepper Spray/Mace	<input type="checkbox"/>	Other (specify):

**Incident Description**

Date		Time	
School		Division	
Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facts (attach additional pages, if necessary)			

**Witnesses**

Name	Position (ex. student, teacher, administrator, officer)

**Parent Notification**

Parent Name		Notifier Name	
Date		Time	
		Method of Delivery	

*To the best of my knowledge, all of the information above is true.*

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICER'S SUPERVISOR AND PRINCIPAL USE ONLY**

Received By		Date Received	
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**QUESTIONING OR SEARCH FORM****Student**

Name		Date of Birth	
Division		School	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Grade		IEP/504 Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer**

Name		Title/Position	
Employer		Badge No.	

**Officer Action** (Check all that apply.)

<input type="checkbox"/>	Questioning	<input type="checkbox"/>	Search
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**Incident Description**

Date		Time	
School		Division	
Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative (attach additional pages, if necessary)			

**Others Present**

Name	Position (ex. student, teacher, administrator, officer)

**Parent Notification**

Parent Name		Notifier Name	
Date		Time	
		Method of Delivery	

*To the best of my knowledge, all of the information above is true.*

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICER'S SUPERVISOR AND PRINCIPAL USE ONLY**

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**CALLS FOR SERVICE TRACKING FORM**

Division		School		School Year	
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Date & Time	Name & Title of Caller	Reason for Call	SRO Name & Action Taken

*To the best of my knowledge, all of the information above is true.*

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICER'S SUPERVISOR AND PRINCIPAL USE ONLY			
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**NON-LAW ENFORCEMENT ACTIVITIES TRACKING FORM****School Resource Officer (SRO)**

Name		Title/Position	
Employer		Badge No.	

**Activities**

Date & Time	Location	Activity Type	Description
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	
		<input type="checkbox"/> Attended school/community event <input type="checkbox"/> Taught/led group/class/team <input type="checkbox"/> Provided mentoring/counseling <input type="checkbox"/> Other (Specify):	

*To the best of my knowledge, all of the information above is true.*

SRO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SRO SUPERVISOR AND PRINCIPAL USE ONLY**

Received By		Date Received	
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