



HAMPDEN CHARTER SCHOOL OF SCIENCE

GRIEVANCE COMPLAINT FORM

SECTION 1: COMPLAINANT INFORMATION

Full Name: _____ Date: __ / __ / ____
Address: _____ Phone Number: _____
Email Address: _____
Role (e.g., Student, Parent, Staff, Visitor): _____

SECTION 2: INCIDENT DETAILS

Date(s) AND Times of Incident(s): _____
Location(s): _____
Type of Incident (Check all that apply):
 Discrimination (Specify: _____)
 Harassment
 Violence
 Retaliation
 Other (Specify: _____)

SECTION 3: INDIVIDUAL(S) INVOLVED

Name(s) and Role(s): _____

SECTION 4: DESCRIPTION OF INCIDENT

Provide a detailed description of the incident(s), including what happened, who was involved, and any witnesses. Attach additional pages if necessary.

Middle School

511 Main St. West Springfield, MA 01089
Ph: (413) 278-5450
Fax: (413) 278-5387

Central Office

20 Johnson Rd, Chicopee, MA 01022
Phone: (413) 593-9090
Fax: (413) 294-2648
info@hampdencharter.org
<http://www.hampdencharter.org>

High School

20 Johnson Rd, Chicopee, MA 01022
Phone: (413) 593-9090
Fax: (413) 294-2648



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SECTION 5: WITNESSES

List any individuals who witnessed the incident(s).

Name(s) and Role(s) of witnesses if any: _____

Witnesses' Contact Information: _____

SECTION 6: RESOLUTION REQUESTED

Describe what resolution or action you are seeking.

SECTION 7: SIGNATURE

By signing below, I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

For Admin Use Only

Received By: _____

Date Received: _____

Follow-Up Actions: _____

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