



# UFT SCHOOL MEDIATION REQUEST COMPLAINT FORM FOR VIOLATION OF SCHOOL SAFETY PLAN STEP TWO

Fax To: Sterling Roberson, Director of School Safety  
UFT Safety and Health Department  
52 Broadway, 15<sup>th</sup> Floor  
New York, NY 10004

Fax: 212-677-6612

School/Worksite:		District:		Region:		Borough:	
Name of Complainant:							
Job Title:				File Number:			
Violation Date:							
MM DD YY							

Specific contractual article and section alleged to be violated:	Article 10B
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<b>Please check one of the following:</b>			
<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 how the school safety plan was violated:

The principal has failed to resolve this complaint at Step One. Attached is the Step One appeal and Step One response (if issued).

Specific remedy sought:

I shall be represented at the conference by:	
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Date Filed:				Signature of Complainant:	
MM DD YY					

CC: Ellie Engler, Director of UFT Safety and Health, 52 Broadway, NY, NY 10004  
Howard Solomon, Director of UFT Grievance Dept., 52 Broadway, NY, NY 10004