

Uniform Complaint Form – Beaverton School District (BSD)

16550 SW Merlo Road • Beaverton, OR 97003

Please complete the following form if there is a complaint against any school site, program, office or School District employee. Submit the completed complaint form to your school administrator. The District will provide the person filing the complaint a confirmation that the complaint has been received, the name of the person responsible for investigating the complaint, and the process to follow. Please refer to https://www.beaverton.k12.or.us/dist/Pages/Complaint-Process.aspx for specific process and timelines for your complaint.	BSD USE ONLY	
	Date Received:	
	Received by:	

<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Name of person completing the form <input type="checkbox"/> I don't want to share my name	09/24/2021 Date
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<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Phone Number	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> Email
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Don Grotting, Pat McCreery, David Williams, Mike Schofield, and Toshiko Maurizio
 Name of school, program or office or name of employee and job location against whom complaint is directed

N/A
 Name of student(s) (if applicable)

Place a check next to the kind of complaint you are making:

	And/or Discrimination on basis of:	If your complaint involves a specific program:
<input type="checkbox"/> Transfers <input type="checkbox"/> Transportation <input type="checkbox"/> Student Grades <input type="checkbox"/> Instruction <input type="checkbox"/> Student Safety <input type="checkbox"/> Restraint & Seclusion <input checked="" type="checkbox"/> Other (please list) Procurement of outside consulting & training services	<input type="checkbox"/> Age <input type="checkbox"/> Ancestry and/or National Origin <input type="checkbox"/> Color <input type="checkbox"/> Ethnic Group Identification <input type="checkbox"/> Gender <input type="checkbox"/> Marital Status <input type="checkbox"/> Physical / Mental Disability <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Other Harassment <input type="checkbox"/> Other	<input type="checkbox"/> Program for English Learners <input type="checkbox"/> Career Technical Education <input type="checkbox"/> Child Nutrition <input type="checkbox"/> Gifted and Talented Education <input type="checkbox"/> Special Education <input type="checkbox"/> Title I – No Child Left Behind <input type="checkbox"/> Division 22 Standards <input type="checkbox"/> Other (please list)

Where did the incident happen?	What happened during the incident?	Was anybody physically hurt?
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<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Restroom <input type="checkbox"/> Playground <input type="checkbox"/> Locker room <input type="checkbox"/> Lunch room <input type="checkbox"/> Sport field <input type="checkbox"/> Parking lot <input type="checkbox"/> School bus <input type="checkbox"/> School activity <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Off school property <input type="checkbox"/> Internet/social media <input type="checkbox"/> Cell phone <input checked="" type="checkbox"/> Other: District office, remote	<input type="checkbox"/> Taunting, cruelty <input type="checkbox"/> Teasing, name calling <input type="checkbox"/> Intimidation, humiliation <input type="checkbox"/> Retaliation <input type="checkbox"/> Harmful rumors or gossip <input type="checkbox"/> Exclusion, rejection <input type="checkbox"/> Cyberbullying <input type="checkbox"/> Threats using gestures or remarks <input type="checkbox"/> Share inappropriate images/notes <input type="checkbox"/> Harmful physical contact <input type="checkbox"/> Sexual comments or contact <input type="checkbox"/> Use others to harm a student <input type="checkbox"/> Demanding money from a student <input type="checkbox"/> Take advantage of a student <input checked="" type="checkbox"/> Other: Multiple district policy, ethical, and Oregon law infractions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, medical attention NOT required <input type="checkbox"/> Yes, medical attention required Please explain:
Was the student absent from school because of what happened?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Number of days absent:

Multiple - see attachment

Date and times if known of incidents

To whom have you spoken?	Write name(s) in spaces provided	Date
<input type="checkbox"/> Teacher/Employee		
<input type="checkbox"/> Counselor		
<input type="checkbox"/> Principal/Assistant Principal		
<input checked="" type="checkbox"/> Central Office Administrator	Pat McCreery, Mike Schofield, Shellie Bailey Shah, Camellia Osterink	Multiple occasions in June through September 2021
<input type="checkbox"/> Deputy Superintendent for Teaching and Learning		
<input type="checkbox"/> Deputy Superintendent for Operations		
<input type="checkbox"/> Superintendent		
<input type="checkbox"/> Other		

Delays, avoidance, lip service, and ultimately nothing.

What was the result of the discussion?

Issues discovered through public records requests and communication with district staff

Name of witnesses (if any)

See attached for a subset of the evidence collected.

Evidence related to your complaint (attach if possible – letters, photos, emails, texts, etc.)

Any other information

I believe that the foregoing is true and correct. I understand that the district will maintain this information as confidentially to the extent provided by law or collective bargaining agreement, that I will be protected from retaliation for filing this complaint; that the District may request further information about this matter and, if such information is available, I agree to present it upon request.

Signature

Date

9/24/2021