

YOUR INFORMATION (for all persons making a complaint)

Standard Complaint Form - Including Complaints of Discrimination or Harassment

This form is to be used in conjunction with Board of Education policies for reporting complaints. If you believe you (or someone else) have been the victim of harassment, discrimination, or retaliation in the school environment; or you have a concern that BOCES staff/students may have acted in an inappropriate fashion complete and submit this form to lodge a formal complaint. Please complete as much of the form as you are able. Include all pertinent details. Include any additional materials or documentation that you may have as evidence/examples. You may submit the form to any supervisor, principal, District Official, or directly to a Civil Rights Compliance Officer. In the event a formal investigation proceeds, you will be notified, in writing, of the results of the investigation. You will not be retaliated against for filing a complaint.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to a program administrator, supervisor or compliance officer. If you are more comfortable reporting verbally or in another manner, BOCES administrative staff will complete the form; provide you with a copy; and follow its sexual harassment prevention policy and investigate any claims.

For additional resources, visit: https://www.ny.gov/programs/combating-sexual-harassment-workplace

Name:	Name of Student (for parents/guardians):				
Home Address:	School (for students):				
	Grade/Class (for students):				
Home or Cell Phone:	, ,				
Email Address:					
Work Address:					
Work Phone (for parents/guardians/employees):					
Job Title:					
Preferred Communication Method (please select one): _					
SUPERVISOR INFORMATION (for employees)					
Immediate Supervisor's Name:					
Title:					
Work Phone:					
Work Address:					

The Discrimination, Harassment, or Complaint is Based on (please check any/all that apply):

	•		•		11 77
0	Sexual Harassment	0	Sexual Orientation	0	Arrest or Conviction Record
0	Race	0	Political Affiliation	0	Genetic Information
0	Color	0	Age	0	Personnel Misconduct
0	Creed	0	Marital Status	0	Fraud
0	Religion	0	Veteran Status	0	Medicaid Fraud
0	Religious Practice	0	Disability	0	Retaliation
0	National Origin	0	Weight (for Students Only)	0	Safety or Security
0	Gender Identity	0	Domestic Violence Victim	0	Other: Please specify below

COMPLAINT INFORMATION

Your complaint is	•	
Job Title (if an em	ployee)	
	tudent)	
	/ork Location (if known)	
Phone (if known)	·	
	ou (please circle one below)	
For Employees:	Supervisor / Subordinate / Co-worker /	Student / Other
For Students:	Teacher / Other staff member / Other Stu	udent / Other
Please describe th	e conduct or incident(s) that is the basis of this	complaint and your reasons for concluding that the conduct is
discrimination or	harassment. Please use additional sheets of pa	per if necessary and attach any relevant documents or evidence.
Date(s) and location	on(s) that the conduct, incident(s) or harassmer	t occurred:
Is conduct, incide	nt(s) or harassment continuing? Yes	No
	nd contact information (if known) of any witnes	ses or individuals who may have information related to your
complaint		
		-
Have you previous	sly complained about or provided information (verbal or written) about similar conduct or related incidents to the
district?\		certain of written, assaut similar contacts of related moderns to the
If yes, when and t	o whom did you complain or provide informatic	n?
Remedy sought by	v Complainant:	
,		
I swear or affirm	that I have read the above complaint and that	it is true to the best of my knowledge information and belief:
1 3wear or aminin	mat make read the above complaint and that	t is true to the best of my knowledge information and belief.
Signature of Com	plainant:	Date:
T	At the complete of the lowestimation	
•		vill receive a written communication and a copy of this Complaint
	nary of the findings. If you are not satisfied with nt counsel to further investigate the matter.	the results, you may Appeal to the Superintendent, who may
assign macpender	it counsel to farther investigate the matter.	
Received by:		Date:
Title:		

BUCES Response:				
Findings:				
Corrective Action (if any):				
Superintendent's (or Designee's) Signature:	Date:			
Acknowledgement of receipt of findings:				
Signatura	Data			
Signature:	Date:			
Complainant Appeal: I am not satisfied with the results of the investigat	ion and wish to appeal to the Superintendent.			
Briefly explain why you wish to appeal:				
Signature:	Date:			