



Cathy Hauber, Ed.D.
District Superintendent

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>

YOUR INFORMATION (for all persons making a complaint)

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): ___Phone ___Email ___Mail ___In Person

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):

<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Arrest or Conviction Record
<input type="checkbox"/> Race	<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Personnel Misconduct
<input type="checkbox"/> Creed	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Fraud
<input type="checkbox"/> Religion	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Medicaid Fraud
<input type="checkbox"/> Religious Practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Retaliation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Weight (for Students Only)	<input type="checkbox"/> Safety or Security
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Domestic Violence Victim	<input type="checkbox"/> Other: Please specify below

COMPLAINT INFORMATION

Your complaint is made against:

Name: _____

Job Title (if an employee) _____

Grade/Class (if a student) _____

School Address/Work Location (if known) _____

Phone (if known) _____

Relationship to you (please circle one below)

For Employees: Supervisor / Subordinate / Co-worker / Student / Other

For Students: Teacher / Other staff member / Other Student / Other

Please describe the 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 paper if necessary and attach any relevant documents or evidence.

Date(s) and location(s) that the conduct, incident(s) or harassment occurred:

Is conduct, incident(s) or harassment continuing? _____ Yes _____ No

Please list name and contact information (if known) of any witnesses or individuals who may have information related to your complaint

_____	_____
_____	_____

Have you previously complained about or provided information (verbal or written) about similar conduct or related incidents to the district? _____ Yes _____ No

If yes, when and to whom did you complain or provide information? _____

Remedy sought by 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:

Signature of Complainant: _____

Date: _____

To the complainant: At the conclusion of the Investigation, you will receive a written communication and a copy of this Complaint Form with a summary of the findings. If you are not satisfied with the results, you may Appeal to the Superintendent, who may assign independent counsel to further investigate the matter.

Received by: _____

Date: _____

Title: _____

BOCES Response:

Findings: _____

Corrective Action (if any): _____

Superintendent's (or Designee's) Signature: _____ Date: _____

Acknowledgement of receipt of findings:

Signature: _____ Date: _____

Complainant Appeal: I am not satisfied with the results of the investigation and wish to appeal to the Superintendent.

Briefly explain why you wish to appeal:

Signature: _____ Date: _____