



HARASSMENT, DISCRIMINATION AND/OR BULLYING

REPORT FORM

The Orange-Ulster BOCES maintains a firm policy prohibiting all forms of discrimination. All persons are to be treated with respect and dignity. Any form of harassment or discrimination by any person, that creates an intimidating, hostile or offensive environment, will not be tolerated under any circumstances.

Name of Complainant

Date Submitted

Name of Individual Making Report (if different)

Division

Job Title

Home Address of Complainant

Home Phone Number

Work Phone Number

Cell Phone Number

STATEMENT OF COMPLAINT

1. Date(s) of Alleged Discrimination/Harassment: _____

2. Name(s) of Person(s) Accused of Harassment/Discrimination and Description of Involvement:

NAME	INVOLVEMENT

3. Place of Incident(s): _____

4. The complainant is: (check all that apply)

<input type="checkbox"/> an employee, holding the position of _____ at _____ location	<input type="checkbox"/> a student, studying _____ (subject) at _____ location
<input type="checkbox"/> a parent or community member	<input type="checkbox"/> other (please specify your relationship with or association to the BOCES)

5. Was Dignity Act Coordinator or other Compliance Officer notified or involved? ____yes ____no

6. Basis of this complaint/grievance:

<input type="checkbox"/> Race, color, national origin	<input type="checkbox"/> Sex, sexual orientation, sexual harassment, other harassment	<input type="checkbox"/> Religion, religious practice
<input type="checkbox"/> Disability	<input type="checkbox"/> Gender	<input type="checkbox"/> Weight

7. Description of incident(s): Describe actions and statements of all persons involved, including yourself Be Specific. Add additional pages if necessary.

8. Witnesses, if any, or others who should be contacted with knowledge important to this investigation (include contact information for each person; use additional paper if necessary)

9. Was the alleged behavior ongoing or an isolated event?

Explain:

10. Have there been any noticeable or reported effects on the alleged victim's schooling or educational performance? (e.g. school refusal, drop in grades, necessity for therapy, self-destructive behavior affecting school):

11. Others you may have discussed this complaint/grievance with, including contact information for each:

12. If there are several instances of alleged discrimination/harassment incidents, provide the dates & description of those incidents and those involved:

Incident # 2: Name and/or description of accused:

Nature of complaint/grievance: _____

Date: _____

13. Action taken by administration or interventions proposed since incident was reported:

Date: _____

Description:

14. Were parents advised of subsequent actions on interventions proposed by the District? _____

15. Did they decline or accept the intervention? _____

16. Was there any law enforcement involvement or notification, or were parents advised of their right to contact law enforcement? Explain:

17. Remedy, outcome or resolution sought by complainant:

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Signature of Individual Making Report

Date

Complaint submitted to (check one):

- Dignity Act Coordinator: _____
- Building Administrator (Name): _____
- Director (Name): _____
- Assistant Superintendent: _____
- Title IX Compliance Officer, Terry Reynolds: _____