



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, ethnicity, national origin	<input type="checkbox"/> Sex, sexual orientation, sexual harassment, gender identity	<input type="checkbox"/> Religion, religious practice
<input type="checkbox"/> Disability	<input type="checkbox"/> Gender	<input type="checkbox"/> Weight
<input type="checkbox"/> Other Harassment		

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: 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):
10. Others you may have discussed this complaint/grievance with, including contact information for each:
11. 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:
12. 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.

 Print Name of Individual Making Report

 Signature of Individual Making Report

 Date

Complaint submitted to (check one):

- Dignity Act Coordinator (Name):
- Building Administrator (Name):
- Director (Name):
- Assistant Superintendent (Name):
- Title IX Compliance Officer, Kerri Stroka

Updated March 2022