

Discrimination/Harassment Complaint Form

(Please type or print clearly.)

Date Complaint Submitted

SECTION I

Full Name of Complainant	Signature of Complainant
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Complainant's Home Address	Complainant's Phone Number(s)
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Street Address	Home: ()
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City/Town, State	Cell: ()
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Zip Code	Work: ()
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Complainant's Role(s) in the School (check all that apply)

<input type="checkbox"/> Student Grade: _____ Age: _____ Program : _____	<input type="checkbox"/> Ulster BOCES Employee <input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Community Member or other
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SECTION II

School Building / Location	Principal's Name / Program Director's Name
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SECTION III

The Discrimination or Harassment is Based on Your: (Check all that apply)

<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> National Origin <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Sex (includes sexual harassment and sexual violence) <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation ("sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)	<input type="checkbox"/> Political Affiliation <input type="checkbox"/> Age <input type="checkbox"/> Marital Status <input type="checkbox"/> Military Status <input type="checkbox"/> Veteran Status <input type="checkbox"/> Disability <input type="checkbox"/> Weight <input type="checkbox"/> Domestic Violence Victim Status <input type="checkbox"/> Arrest or Conviction Record <input type="checkbox"/> Genetic Information <input type="checkbox"/> Other (specify) _____
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SECTION IV

Date of first alleged incident of discrimination or harassment

Name of the person(s) committing action(s) against complainant, if known:

Name(s)

Their job or role (if known)

Description of Incident(s)

Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person):
-Use additional paper if necessary-

Name(s)

Contact Information

Others you may have discussed this incident with, including contact information for each:

Name(s)

Contact Information

SECTION V

If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved:
 Section does not apply

Name(s)

Their job or role (if known)

Description of incident(s) with dates

Has this matter of discrimination or harassment been previously reported?

No

Yes Date:

Reported to (Name, Title/Job)

If yes, describe the outcome or resolution

SECTION VI

Remedy, outcome or resolution sought by complainant

Once completed, please forward this form to the Ulster BOCES Compliance Officer, Dr. Jonah Schenker, Deputy Superintendent, 175 Route 32 North, New Paltz, NY 12561 ~ jschenke@ulsteboces.org ~ (845) 255-3020 or to your School Principal or Program Director.