

Miller Place Union Free School District
Miller Place, New York 11764
Board of Education Policy

5020.2.E.1

NON-DISCRIMINATION AND EQUAL OPPORTUNITY COMPLAINT FORM

The purpose of this form is to inform the district of an incident or series of incidents of discrimination so we can investigate and take appropriate steps.

Name _____

Describe the incident(s). Please include when and where it happened.

List the name(s) of the individual(s) accused of discrimination.

Were there any witnesses? ___ Yes ___ No If yes, please list the names of the individual(s).

I certify that all statements on this form are accurate and true to the best of my knowledge.

Signature

Date

Return this form to: A building administrator in the building in which the incident occurred.

Note on confidentiality:

In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.

Adopted: 05/09/1996
Reviewed: 08/17/2006 03/29/2017 03/29/2023
Revised: 09/13/2006 04/26/2017 04/26/2023