WASHINGTON-SARATOGA-WARREN-HAMILTON-ESSEX (WSWHE) BOCES

COMPLAINT FORM

The Board of Education of the Washington-Saratoga-Warren-Hamilton-Essex BOCES is committed to providing an environment which is free from all forms of discrimination and/or harassment. All persons are to be treated with respect and dignity. Discrimination or harassment by any person, male or female, student or non-student, which creates an intimidating, hostile, or offensive environment, will not be tolerated under any circumstances. This form is to be filed as part of the formal procedure in order to initiate a complaint of alleged discrimination or harassment prohibited by the WSWHE BOCES policies #5005 – School Conduct and Discipline; #5165 -- Non-Discrimination and Anti-Harassment in the BOCES; and #2090 -- Use of School Facilities.

Name of Complainant: _________________________________________ Date: ______________________

Address: ____________________________________________________________________________________

Home Phone: ______________________ Cell: ______________________ Work: ______________________

(please circle the number you’d prefer us to call)

Position: _____________________________________ Building Location: ______________________

The complainant is (check all that apply):

☐ An employee  ☐ A parent or community member  ☐ Other (please specify your relationship with or association to the BOCES):

Basis of this complaint/grievance:

☐ Race, color, creed, national origin/ethnicity  ☐ Sex, gender, sexual orientation, sexual harassment, other harassment

☐ Disability ☐ Marital status ☐ Age

☐ Military/veteran status ☐ Religion

☐ Other/Not sure (please briefly explain):

________________________________________________________________________________________

Date, time and place of violation(s): ______________________________________________________________

Name and/or description of accused person(s): ______________________________________________________

Description of incident of alleged discrimination and/or harassment. Provide as much detail as possible, including what, if any verbal statements were made, what, if any physical contact was involved, what you did to avoid the situation, and your reason for concluding that it is/was discriminatory or harassing:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Description of incident of alleged discrimination and/or harassment (cont’d):

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

(If additional space is needed, please attach additional pages)

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:

___________________________________________________________________________________________

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

___________________________________________________________________________________________

Has this incident/discrimination been previously reported:  ___ Yes  ___ No  If yes, when and to whom?

___________________________________________________________________________________________

Remedy sought by complainant:

___________________________________________________________________________________________

___________________________________________________________________________________________

Signature of Complainant

Date

Received by: _________________________________________

Date

Please submit completed form to the Supervisor or Compliance Officer(s) as noted in the compliance statement below.

The Washington-Saratoga-Warren-Hamilton-Essex BOCES does not discriminate in its programs and activities, including employment and admission as applicable, on the basis of actual or perceived race, color, creed, sex, sexual orientation, national origin, religion, age, economic status, marital status, veterans’ status, political affiliation, domestic victim status, use of a guide dog, hearing dog or service dog, disability, or other classifications protected under federal or state law, and provides equal access to the Boy Scouts and other designated youth groups. The designated district compliance officer(s) will coordinate compliance with the nondiscrimination requirements of Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, as amended, the Boy Scouts of America Equal Access Act, and the New York State Human Rights Law. The BOCES Civil Rights Compliance Officer is: Turina Parker, Washington-Saratoga-Warren-Hamilton-Essex BOCES, 267 Ballard Road, Suite 5, Wilton, NY 12831, phone: (518) 581-3716, email: tuparker@wswheboces.org. Complaints may also be filed with the Office for Civil Rights, New York Office, U.S. Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005-2500, phone (646) 428-3800, fax (646) 428-3843, email: OCR.NewYork@ed.gov.

(This form is to be used for all complaints within the WSWHE BOCES, including incidents of alleged discrimination or harassment)

01/29/2020