

Cayuga-Onondaga BOCES
Discrimination, Harassment & Academic Complaint Form
 (please type or print clearly)

Date submitted:

SECTION I

Name of Complainant (print)	Signature of Complainant
Complainant's Home Address	Complainant's Contact Information
Street Address	Home: ()
City/Town, State	Cell: ()
Zip Code	Work: ()
	Email: _____

Complainant's Role(s) in the School (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Student
Grade: _____
Age: _____ | <input type="checkbox"/> District employee
<input type="checkbox"/> Parent or guardian
<input type="checkbox"/> Community member or other |
|--|---|

SECTION II

School Building Name/ Location	School Principal's Name/ Department Head

SECTION III

The Discrimination, Harassment or Complaint Is Based on: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Academic Complaint or Grievance
<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 (the term "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 (Student Only)
<input type="checkbox"/> Domestic Violence Victim Status
<input type="checkbox"/> Arrest or Conviction Record
<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> None of the Above |
|---|---|

SECTION IV

Date of first alleged incident of discrimination, harassment or act complained of:

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, or academic complaints, 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 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 Compliance Officer at Cayuga-Onondaga BOCES,
1879 West Genesee Street Road, Auburn, NY 13021 or to your Principal or Department Head.