

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

Date submitted:

**SECTION I**

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

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

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

**SECTION II**

<b>School Building Name/ Location</b>	<b>School Principal's Name/ Department Head</b>

**SECTION III**

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

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