

**ERIE 1 BOCES
COMPLAINT FORM**

In order to assist Erie 1 BOCES in providing for the prompt, thorough, and equitable resolution of discrimination and/or harassment allegations, please fill out the following form to the best of your abilities and submit it to the appropriate Civil Rights Compliance Officer: the Director of Human Resources Services (for employees) or the Assistant Superintendent of Instructional Services (for students).

Questions regarding the completion or submission of this form can be directed to the BOCES' Civil Rights Compliance Officer(s) or a trusted staff member with whom you feel comfortable.

Name of complainant: _____ Date submitted: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(please circle the number you'd prefer us to call)

Email: _____

Name of Victim (if different than complainant): _____

The victim is: (check all that apply):

- _____ An employee, holding the position of _____ at _____ (location)
- _____ A student, grade _____ at _____ (school/location)
- _____ A parent or community member
- _____ Other (please specify your relationship with or association to Erie 1 BOCES) _____

Basis of this complaint/grievance:

- _____ Race, color, creed, national origin _____ Sexual harassment _____ Age
- _____ Sex, gender, sexual orientation _____ Marital status _____ Retaliation
- _____ Disability _____ Genetic status
- _____ Military/veteran status _____ Religion
- _____ Domestic violence victim status _____ Criminal arrest or conviction record
- _____ Other/Not sure (Please briefly explain): _____

Name and/or description of accused person(s) or offending conditions: _____

Description of alleged incident or occurrence: _____

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

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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 or occurrence been previously reported? [] Y [] N
If yes, when and to whom? _____

If the incident or occurrence has been previously reported, describe the remedy, outcome or resolution:

Date

Signature of Complainant

**This form is to be used for complaints within Erie 1 BOCES,
including incidents of alleged discrimination or harassment.
Use Form #5121F for Complaints of Sexual Harassment in the Workplace.**