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.