



Discrimination Complaint Form

Orleans/Niagara BOCES

(Labor Relations Office)

Please complete the Discrimination Complaint Form and forward, with the supporting documentation as requested, to the Civil Rights Compliance Officer, Wayne M. Van Vleet, 4232 Shelby Basin Road, Medina, New York 14103 or to the Orleans/Niagara BOCES administrator (i.e. principal or coordinator) in charge of your program. Please attach additional sheets as necessary.

Name of complainant: _____

Position of complainant: _____

Address: _____

Contact Information: Home Phone: _____

(Circle the number preferred)

Cell Phone: _____

Work Phone: _____

Date complaint filed: _____

Name and/or description of individual accused of discrimination _____

_____ An employee, holding the position of _____ at _____

_____ A student, grade _____ at _____ (school or location)

_____ A parent or community member

_____ Other (Specify person's relationship with BOCES) _____

Basis of this complaint (check all that apply):

_____ Race, color, creed, national origin/ethnicity

_____ Sex, gender

_____ Sexual Orientation

_____ Sexual Harassment

_____ Religion

_____ Retaliation

_____ Disability

_____ Marital Status

_____ Domestic Violence Status

_____ Military/Veteran Status

_____ Age

_____ Other Discrimination _____

(please specify)

Please see reverse side of page.

Description of alleged discrimination/incident. Please attach additional sheets as necessary.

If available and pertinent to this complaint, please attach documentation, i.e. e-mails, letters, notes, text messages, phone records, recordings, videos, etc.

Date(s) and place(s) of violation(s) _____

Witnesses (if any) or others who should be contacted with knowledge important to this investigation, including contact information for each. Please attach additional sheets as necessary.

Witness	Contact Information
1.	
2.	
3.	
4.	

Others you may have discussed this complaint/incident with, including contact information for each. Please attach additional sheets as necessary.

Others	Contact Information
1.	
2.	
3.	
4.	

Has this incident/discrimination been previously reported? Yes No

If yes, to whom and when? Whom: _____

When: _____

Describe the remedy, outcome or resolution: _____

Remedy sought by complainant: _____

_____ Date

_____ Signature of Complainant