

**DISCRIMINATION/HARASSMENT
COMPLAINT FORM**

In order to assist OCM BOCES in responding appropriately to allegations regarding discriminatory and/or harassing conduct, please complete this complaint form and submit it to the BOCES' Civil Rights Compliance Officer, Joseph Bufano, at JBufano@ocmboces.org or BOCES OCM Main Campus, 110 Elwood Davis Rd, Syracuse, NY 13212.

The complaint form may also be provided to an administrator or department head assisting you in making the complaint. If forwarded to the principal or other administrator, s/he will forward the complaint form to the Compliance Officer.

If you are unable to complete this form or need assistance in completing the form, please notify the Compliance Officer so that appropriate arrangements can be made to assist you in making your complaint.

Name and Address of Person Making Complaint: _____

Telephone number for BOCES to use to contact you about your complaint: _____

Email address for BOCES to use to contact you about your complaint: _____

If you are complaining about discrimination or harassment of someone else, please state the person's name and relationship to the BOCES (e.g., student, staff member, visitor): _____

Please indicate the type(s) of discrimination you are complaining about: _____

Please identify the person(s) you believe engaged in the discriminatory or harassing conduct, stating the person's name, position (if an employee), grade level (if a student) and any other information you believe may assist the BOCES in identifying said person(s): _____

Please describe the facts and circumstances relating to what you believe to be discriminatory or harassing conduct, including the date, time and location as best you can: _____

(Continued)

If you believe there may be witnesses who observed the discrimination/harassment you are complaining about, please provide contact information for each witness and state what you believe the witness may have seen or heard that may relate to your complaint: _____

If you believe there may be other evidence that supports your complaint, please describe: _____

Signature of Person Making Complaint

Date