Southern Westchester BOCES
Complaint Form
(Please type or print clearly)

Date submitted:

SECTION I

Name of Complainant (print)	Signature of Complainant

Complainant's Home Address	Complainant's Phone Number(s)
Street Address	Home: ( )
City/Town, State	Cell: ( )
Zip Code	Email Address:

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

☐ Student

Grade:_____

Age:_____

☐ District employee

☐ Parent or guardian

☐ Community member or other

SECTION II

School Building Name/ Location	School Principal (Name)

SECTION III

The Complaint is Based on: (check all that apply)

☐ Race

☐ Color

☐ Creed

☐ Religion

☐ Religious Practice

☐ National Origin

☐ Ethnic Group

☐ Sex **(includes sexual harassment and sexual violence)**

☐ Gender Identity

☐ Sexual Orientation **(the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)**

☐ Political Affiliation

☐ Age

☐ Marital Status

☐ Military Status

☐ Veteran Status

☐ Disability

☐ Weight

☐ Domestic Violence Victim Status

☐ Arrest or Conviction Record

☐ Genetic Information

☐ Other (specify)_____

SECTION IV

Description of Complaint:

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 with knowledge related to this complaint:

Name(s):	Contact Information:

SECTION V

If there are multiple instances of alleged discrimination or harassment, 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 of discrimination or harassment 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 District Civil Rights Compliance Officer at
17 Berkley Drive
Rye Brook, NY 10573
or Complianceofficer@swboces.org, or to your Principal.