

Nondiscrimination/Equal Opportunity
(Complaint Form)

Date: _____

Name of complainant: _____

Address: _____

Phone: _____

Please check here for allegations of sex-based discrimination and/or sexual harassment. (Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment).

Summary of alleged unlawful discrimination or harassment:

Name(s) of individual(s) allegedly engaging in prohibited conduct:

Date(s) alleged prohibited conduct occurred:

Name(s) of witness(es) to alleged prohibited conduct:

If others are affected by the possible unlawful discrimination or harassment, please give their names:

Your suggestions regarding resolving the complaint: _____

Please describe any corrective action you wish to see taken with regard to the alleged unlawful discrimination or harassment. You may also provide other information relevant to this complaint.

Signature of complainant

Date

Signature of person receiving complaint
(Issue date)

Date

**EAST CENTRAL BOCES
BOARD POLICY FORM**
Approved: June 18, 2014
Revised: August 26, 2020