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 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 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 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
Revised: June 26, 2024
Revised: April 16, 2025

[CASB Exhibit February 2025]