

**TST BOCES**  
**Report of Discrimination and/or Sexual or other Form of Harassment**

*In order to assist the TST BOCES in providing for the prompt, thorough, and equitable resolution of discrimination and/or harassment allegations, please fill out the following form to the best of your abilities and submit it to the TST BOCES Compliance Office listed at the end of this document.*

*Questions regarding the completion or submission of this form can be directed to the District's Civil Rights Compliance Officer(s) or a trusted staff member with whom you feel comfortable.*

Name of complainant: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
(Please circle the number you'd prefer us to call)

Email: \_\_\_\_\_

Name of Victim (if different than complainant): \_\_\_\_\_

The victim is: (check all that apply):

- An employee, holding the position of \_\_\_\_\_ at \_\_\_\_\_ (location)
- A student, grade \_\_\_\_\_ at \_\_\_\_\_ (school or location)

Department:

- CTE     Community School     Exceptional Ed.
- Administration     Maintenance     Other

- A parent or community member
- Other (please specify your relationship with or association to the District) \_\_\_\_\_

Basis of this complaint/grievance:

- Race, color, creed, national origin     Sexual harassment     Age
- Sex, gender, sexual orientation     Marital status     Retaliation
- Disability     Genetic status
- Military/veteran status     Religion
- Domestic violence victim status     Criminal arrest or conviction record
- Other/Not sure (Please briefly explain): \_\_\_\_\_

Name and/or description of accused person(s) or offending occurrence: \_\_\_\_\_

Description of alleged incident or occurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date, time and place of violation(s): \_\_\_\_\_

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:

\_\_\_\_\_

Others you may have discussed this complaint/grievance/incident with, including contact information for each:

\_\_\_\_\_

\_\_\_\_\_

Has this incident or occurrence been previously reported?  Y  N If yes, when and to whom?

\_\_\_\_\_

If the incident or occurrence has been previously reported, describe the remedy, outcome or resolution:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if student is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

Please forward to the Title IX, Section 504 Compliance, and Harassment Officer(s):

David Parsons  
Human Resources Office  
Dexheimer Bldg.

Send to: [dparsons@tstboces.org](mailto:dparsons@tstboces.org)