

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: _____ Preferred Communication method: _____

Name of Victim (if different than complainant): _____

Immediate Supervisor's Name: _____

Complaint Information

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: _____

Relation to the victim:

- Supervisor Subordinate Co-Worker Student Teacher Aide Monitor Other

Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is reportable. Please use additional sheets of paper if necessary and attach any relevant documents or evidence: _____

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Date, time and place of violation(s): _____

Are the violations still happening? Yes No

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

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

David Parsons
Assistant Superintendent
555 Warren Rd
Ithaca NY 14850
607-257 -1551
DParsons@TSTBOCES.Org

Nicole Eschler
Director of External Programs
555 Warren Rd
Ithaca NY 14850
607 257-1551
NEschler@TSTBOCES.Org

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(607) 257-1551, FAX Number (607) 257-2825