

Oneida-Herkimer-Madison BOCES

SUPERINTENDENT'S REGULATION

GENERAL COMMITMENTS

0015.1

REPORT OF POSSIBLE DISCRIMINATION

Date: _____

Your Name: _____

Home Address: _____

Home Telephone: () _____

Work/Social Address: _____
(if applicable)

Work Telephone: () _____
(if applicable)

Describe the incident or the condition that you believe is discrimination, harassment or bullying:

Name of person(s) you believe is responsible for the condition or involvement in the incident:

List any witnesses who might have relevant information:

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Describe the incident(s) as clearly as possible, including such details as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

What would you like done to correct this situation?

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

Your Signature

Date

Received by: _____

Date

Approved by the District Superintendent: 06/12/13, 03/09/16