

Civil Rights Complaint Form

Please complete and bring this form to the Office of Human Resources, or call our office to make arrangements to meet with you. If you need assistance, please schedule an appointment with the Human Resources.

Due to our obligation to investigate, Dutchess BOCES cannot commit to keeping a complaint confidential. We will make every effort not to disseminate information beyond those who have a need to know.

When this form is completed with your signature, and then signed by the Assistant Superintendent, your complaint has been properly received and noted. You will be provided with a copy of the form as well as information about the complaint process.

Name:

Job Title and Assignment:

Staff Student Employment Applicant Other/Explain

Incident description:

Have you brought this matter to the attention of your supervisor? Yes No

Please list the name(s) of all persons with whom you have discussed this matter.

Describe the corrective action you are seeking.

Type of Complaint (check one or more):

Age	Disability	Equal Pay/Sex Discrimination	Genetics
National Origin	Pregnancy	Race/Color	Religion
Retaliation	Sex	Sexual Harassment	Prohibited Practices

I certify this statement is true and correct and I have received a copy of it:

Your signature _____ Date _____

Signature of complaint receipt _____ Date _____
(Assistant Superintendent)