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STUDENT COMPLAINTS & GRIEVANCES

PURPOSE

Albany-Schoharie-Schenectady-Saratoga BOCES (“BOCES”), is committed to creating and maintaining a working and learning environment which is free of discrimination and intimidation. All complaints of discrimination and harassment shall be thoroughly investigated to determine whether the totality of the alleged behavior and circumstances may constitute harassment, sexual harassment, discrimination or a form of misconduct. This procedure outlines the steps a complainant should take in order to have their complaint investigated and resolved.

SCOPE

This procedure applies to all students and employees of the BOCES

POLICY

- 0100, 0100-R, 0100-F, 0115, 0115-R, 5030
- Notice of Non-discrimination: (**WEBSITE URL TO BE DETERMINED**)

APPROVED FORMS

- Complaint Form 0100F

CONTACTS

Compliance Officer
 Robert Zordan
 Director of Human Resources
 900 Watervliet-Shaker Road
 Albany, NY 12205
Robert.zordan@neric.org
 (518) 862-4910

District Superintendent
 900 Watervliet-Shaker Road
 Albany, NY 12205
GCruz@Questar.org
 (518) 479-6800

Board of Education
 900 Watervliet-Shaker Road
 Albany, NY 12205

PROCEDURE

1. Any student or employee in the BOCES who wishes to file a complaint regarding discrimination or harassment shall, if possible, make such a complaint in writing using the **Complaint Form 0100F**.
 - The 0100F complaint form may be obtained by accessing the “Notice of Non-discrimination” box below the Quick Links on the Buffalo Public Schools’ website, **website address to be determined**
 - You may translate the 0100F complaint form using the “Google Translate” feature on the “Notice of Non-discrimination” page of the BOCES website.
 - The 0100F complaint form is also available in Principal’s main office.

If unable to make the complaint in writing, students may contact a teacher, counselor, administrator or the Compliance Officer, and employees may contact their department head or the Compliance Officer to assist with putting the complaint in writing. The written complaint must be signed by the complainant, dated, and include at a minimum, the following information:

- Date(s), time(s), place(s) of alleged incident(s)
 - Nature of the claim
 - Alleged perpetrators of the discrimination or harassment, or discriminatory practice (names identifiers, etc.)
 - Description of each incident, by date
 - Witnesses, if any (names and identifying information)
 - Other relevant information
 - Desired resolution – what you'd like to see change as a result of the investigation
2. The written complaint (form 0100F) should be forwarded to the Compliance Officer by yourself or the administrator or department head assisting you. If forwarded to the principal or other administrator, s/he shall forward the complaint form to the Compliance Officer.
3. The Compliance Officer or designee shall:
- Begin a fact-finding investigation which shall be prompt and equitable to all parties. The investigation may include interviews of appropriate witnesses.
 - Render a decision within ten (10) school days after receipt of complaint, and notify the complainant, District Superintendent, and others who need to be advised of the decision. If additional time is needed for good cause, (e.g., key witnesses cannot be interviewed in a timely manner), the decision shall be made as soon as reasonably possible. If the decision is to be delayed for good cause, the complainant, District Superintendent, and other material parties shall so be notified and an estimated date for a decision shall be noted.
 - Within five (5) school days of the decision, enact or implement the changes/recommendations, if any, based on the decision.
 - Complainant or other material party has five (5) school days to accept or appeal the decision.
 - a. Accept the decision: By notifying the Compliance Officer in writing;
 - b. Disagree with the decision: Appeal the decision by notifying the Compliance Officer, or District Superintendent in writing (see First Appeal Level below).
 - c. If complainant fails to notify the Compliance Officer or District Superintendent of acceptance or disagreement with the decision, it shall be assumed that the resolution is acceptable, and the Compliance Officer shall ensure the changes / recommendations are implemented appropriately.

First Appeal Level: District Superintendent-level appeal

1. The Compliance Officer shall forward all materials, including the letter requesting appeal of the initial decision, to the District Superintendent for review.
2. The District Superintendent or designee shall schedule a meeting within ten (10) school days of receipt of the request for review/appeal.

3. The participants at the scheduled meeting shall be, at a minimum, the complainant, the Compliance Officer, and the District Superintendent and/or designee. The accused may be in attendance as well.
4. The District Superintendent, or designee(s), shall conduct a prompt, impartial, equitable and thorough review of the materials. S/he shall have the right to re-interview witnesses, e.g., if testimony is unclear or new evidence has been brought to light, or to interview additional witnesses if needed to ensure an equitable decision.
5. The District Superintendent, or designee, shall present his/her decision within fifteen (15) school days after the meeting of the parties unless additional time is needed for good cause. If additional time is needed, material parties shall so be notified and provided with an estimated date of the appeal decision.
6. The decision of the District Superintendent or designee shall be in writing, and sent to the complainant, and other material parties, the principal of the school of the complainant, and the Compliance Officer.
7. The complainant and other material parties have five (5) school days to accept or appeal the District Superintendent-level decision. The complainant shall notify the District Superintendent's office, in writing, whether s/he accepts or wishes to appeal the decision. If complainant fails to notify the Superintendent or the Compliance Officer of his/her acceptance or disagreement with the decision, it will be assumed that the resolution is acceptable, and the Compliance Officer shall ensure the changes / recommendations are implemented appropriately.

Second Appeal Level: School Board-level appeal

1. Should the complainant or other material party not be satisfied with the District Superintendent-level decision and wish to pursue the matter further, complainant or other material party shall compose a letter stating his/her reason for disagreement with the District Superintendent's decision and request an appeal. The letter of appeal should be sent to the School Board *in addition* to the District Superintendent's office and the Compliance Officer. A record should be made of the date the letter is sent by the appealing party, and the date the BOCES Board received the letter requesting further review.
2. The BOCES Board shall hire or appoint persons who are impartial and who have not been otherwise involved in the investigation of this complaint to conduct a prompt, fair, equitable, and thorough investigation. The person(s) hired or appointed to conduct this investigation shall be knowledgeable in the civil rights laws pertaining to the alleged violation by the complainant, and be knowledgeable in conducting investigations of alleged violations of said law(s).
3. A decision shall be made by the BOCES Board based on the recommendation and findings of the investigator(s) appointed by the BOCES Board within twenty (20) school days from the date the complainant's letter requesting further review is received. If a decision cannot be made within four (4) calendar weeks for good cause, material parties shall so be notified and provided with an estimated date for the decision to be made.

- 4. If a complainant or other material party is dissatisfied with the School Board-level decision, s/he must request a review by the Office for Civil Rights (OCR) within sixty (60) days of the Board’s decision. If complainant or other material party fails to notify the School Board of his/her acceptance or disagreement with the decision, it will be assumed that the resolution is acceptable, and the Compliance Officer shall ensure the changes / recommendations are implemented appropriately.

Concurrent Appeals or Appeal of the Board-level appeal

A complainant or other material party can, while the investigation is happening at the school level, also contact any of the following agencies and request that an independent investigation be conducted:

New York State Office for Enforcement (for civil rights discrimination based on race, color, national origin, sex, and/or disability)	
Office for Civil Rights U.S. Department of Education 32 Old Slip, 26 th Floor New York, NY 10005-2500	Phone: 646-428-3900 / 800-421-3481 Fax: 646-428-3843 TDD: 877-521-2172 E-mail: OCR.NewYork@ed.gov
http://www2.ed.gov/about/offices/list/ocr/docs/howto.html	
New York Civil Liberties Union	
125 Broad Street, 19 th Floor New York, NY 10004	Phone: 212-607-3300 Fax: 212-607-3318
Web: http://www.nyclu.org	

Cross-ref: 0100 Equal Opportunity
5300 Code of Conduct

Ref: American with Disabilities Act, 42 U.S.C. §12133
Title IX, Education Amendments of 1972, 20 U.S.C. Chapter 38; 34 CFR Part 106; 45 CFR Part 86
Rehabilitation Act of 1973 §504, 29 U.S.C. §794; 34 CFR §104
Education Law §3214

Adoption date: July 26, 2010
Amended: May 15, 2017

CAPITAL REGION BOCES



Albany-Schoharie-Schenectady-Saratoga BOCES
Discrimination & Harassment Complaint Form
 (USE ADDITIONAL PAGES IF NECESSARY)

0100 F

Date submitted:

SECTION I

Name of Complainant (print)	Signature of Complainant
Complainant's Home Address	Complainant's Phone Number(s)
Street Address	Home: ()
City/Town, State	Cell: ()
Zip Code	Work: ()

Complainant's Role(s) in the School (check all that apply)

<input type="checkbox"/> Student Grade: _____ Age: _____	<input type="checkbox"/> District employee <input type="checkbox"/> Parent or guardian <input type="checkbox"/> Community member or other
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SECTION II

School Building Name/ Location	School Principal's Name/ Department Head

SECTION III

The Discrimination or Harassment is Based on Your: (check all that apply)

<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> National Origin <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Sex (includes sexual harassment and sexual violence) <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)	<input type="checkbox"/> Political Affiliation <input type="checkbox"/> Age <input type="checkbox"/> Marital Status <input type="checkbox"/> Military Status <input type="checkbox"/> Veteran Status <input type="checkbox"/> Disability <input type="checkbox"/> Weight <input type="checkbox"/> Domestic Violence Victim Status <input type="checkbox"/> Arrest or Conviction Record <input type="checkbox"/> Genetic Information <input type="checkbox"/> Other (specify) _____
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CAPITAL REGION BOCES

SECTION IV

Date of first alleged incident of discrimination or harassment:

If Discrimination Complaint Name of the person(s) committing action(s) against complainant, if known:

Name(s):

Their job or role (if known):

Description of Discrimination or Harassment:

Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person):

-Use additional paper if necessary-

Name(s):

Contact Information:

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

Name(s):

Contact Information:

SECTION V

If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved:

Section does not apply

Name(s):

Their job or role (if known):

Description of incident(s) with dates:

Has this matter of discrimination or harassment been previously reported?

No

Yes Date:

Reported to (Name, Title/Job):

If yes, describe the outcome or resolution:

SECTION VI

Remedy, outcome or resolution sought by complainant:

Once completed, please forward this form to the Human Resources Director, or School Attorney at 900 Watervliet-Shaker Road, Albany, NY 12205 or Robert.zordan@neric.org; michele.jones@neric.org; or to your Principal or the Division Head.