

## **Discrimination/Harassment Complaint Form**

Submit completed form to the Nassau BOCES Compliance Officers at:

71 Clinton Road  
PO Box 9195  
Garden City, NY 11530  
or Fax to 516-396-2383

**Please provide full details of every allegation.**

Name of Complainant \_\_\_\_\_ Phone Number \_\_\_\_\_

Date Complaint filed \_\_\_\_\_

Name of Alleged Harasser/ Wrongdoer \_\_\_\_\_

Description of Alleged Harassment/ Wrongdoing

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Date and Place of Violation(s) \_\_\_\_\_

Names of Witnesses (if applicable)

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Has the Incident Been Previously Reported? \_\_\_\_\_

(If Yes, When and to Whom) \_\_\_\_\_

Describe the Outcome and/or Resolution

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(Use additional sheets if necessary.)

Remedy Sought by Complainant

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