

Brighton Central School District



Discrimination & Harassment Complaint Form

(please type or print clearly)

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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SECTION IV

Date of first alleged incident of discrimination or harassment:

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

Name(s):

Their job or role (if known):

Description of incident(s):

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 Lou Alaimo or Carolyn Rabidoux at
2035 Monroe Avenue, Rochester NY 14618 or lou_alaimo@bcsd.org or carolyn_rabidoux@bcsd.org
or to your Principal or the Department Head.

PROCEDURE

1. Any student or employee in the District who wishes to file a complaint regarding discrimination or harassment shall, if possible, make such a complaint in writing using the **Complaint Form 3420F**.

- The 3420F complaint form may be obtained by accessing the Brighton Central Schools' website, www.bcsd.org
- The 3420F 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)
- Alleged perpetrators of the discrimination or harassment (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 3420F) 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 will forward the complaint form to the Compliance Officer.

3. The Compliance Officer or his/her designee will:

- Begin a fact-finding investigation which will be prompt and equitable to all parties. The investigation may include interviews of appropriate witnesses.
- Render a decision within two (2) weeks after receipt of complaint, and notify the complainant, 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 will be made as soon as reasonably possible. If the decision is to be delayed for good cause, the complainant, Superintendent, and other material parties shall so be notified and an estimated date for a decision will be noted.
- Within one (1) week of the decision, enact or implement the changes/recommendations, if any, based on the decision.
- Complainant has one (1) week 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 Superintendent in writing (see First Appeal Level below).
 - c. If complainant fails to notify the Compliance Officer or Superintendent of his/her acceptance or disagreement with the decision, it will be assumed that the resolution is acceptable, and the Compliance Officer will ensure the changes / recommendations are implemented appropriately.

First Appeal Level: Superintendent-level appeal

1. The Compliance Officer will forward all materials, including the letter requesting appeal of the initial decision, to the Superintendent for review.
2. The Superintendent or his/her designee will schedule a meeting within two (2) weeks 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 Superintendent and/or his/her designee. The accused may be in attendance as well.
4. The Superintendent, or his/her 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 Superintendent, or his/her designee, will present his/her decision within three (3) weeks 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 Superintendent or designee shall be in writing, and sent to the complainant, the accused, the principal of the school of the complainant, and the Compliance Officer.
7. The complainant has one (1) week to accept or appeal the Superintendent-level decision. The complainant shall notify the Superintendent's office, in writing, whether s/he accepts or wishes to appeal the decision. If complainant fails to notify the Superintendent of 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 will ensure the changes / recommendations are implemented appropriately.

Second Appeal Level: School Board-level appeal

1. Should the complainant not be satisfied with the Superintendent-level decision and wish to pursue the matter further, complainant shall compose a letter stating his/her reason for disagreement with the Superintendent's decision and request an appeal. The letter of appeal should be sent to the School Board *in addition* to the Superintendent's office and the Compliance Officer. A record should be made of the date the letter is sent by the complainant, and the date the School Board received the letter requesting further review.
2. The School 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 will 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 School Board based on the recommendation and findings of the investigator(s) appointed by the School Board within four (4) weeks from the date the complainant's letter requesting further review is received. If a decision cannot be made within four (4) 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 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 School Board's decision. If complainant 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 will ensure the changes / recommendations are implemented appropriately.

Concurrent Appeals or Appeal of the School Board-level appeal

A complainant 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	Phone:	646-428-3900 / 800-421-3481
U.S. Department of Education	Fax:	646-428-3843
32 Old Slip, 26 th floor	TDD:	877-521-2172
New York, NY 10005-2500	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	Phone:	212-607-3300
New York, NY 10004	Fax:	212-607-3318
Web: http://www.nyclu.org		