

Herkimer-Fulton-Hamilton-Otsego BOCES Superintendent's Regulation

GENERAL COMMITMENTS

0011.1

REPORT OF POSSIBLE DISCRIMINATION

Date: _____

Your Name: _____

Home Address: _____

Home Telephone: () _____ Cell: () _____

Work Address: _____
(if applicable)

Work Telephone: () _____ Email Address: _____
(if applicable)

Date of Alleged Incident(s): _____

Name of persons(s) you believe discriminated against you: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things 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):

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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

Superintendent Approved: 08/22/13